



1-12-12

PTO/SB/65 (03-09)

Approved for use through 03/31/2012. OMB 0651-0016  
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**PETITION TO ACCEPT UNAVOIDABLY DELAYED PAYMENT OF  
MAINTENANCE FEE IN AN EXPIRED PATENT (37 CFR 1.378(b))**

Docket Number (Optional)

Mail to: Mail Stop Petition  
Commissioner for Patents  
P.O. Box 1450  
Alexandria VA 22313-1450  
Fax: (571) 273-830001/19/2012 DALLEN 00000022 579392  
01 FC:1599NOTE: If information or assistance is needed in completing this form, please contact Petitions Information at  
(571) 272-3282.Patent Number: 5,779,392Application Number: 719,520Issue Date: July 14, 1998Filing Date: Sept 27, 1996**CAUTION:** Maintenance fee (and surcharge, if any) payment must correctly identify: (1) the patent number (or reissue patent number, if a reissue) and (2) the application number of the actual U.S. application (or reissue application) leading to issuance of that patent to ensure the fee(s) is/are associated with the correct patent. 37 CFR 1.366(c) and (d).**Also complete the following information, if applicable:**

The above-identified patent:

☒ is a reissue of original Patent No. 5,779,392 original issue date July 14, 1998  
original application number 719,520  
original filing date Sept 27, 1996☐ resulted from the entry into the U.S. under 35 U.S.C. 371 of international application  
\_\_\_\_\_ filed on \_\_\_\_\_**CERTIFICATE OF MAILING OR TRANSMISSION (37 CFR 1.8(a))**

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is

(1) being deposited with the United States Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to Mail Stop Petition, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 OR

(2) transmitted by facsimile on the date shown below to the United States Patent and Trademark Office at (571) 273-8300.

Jan 9, 2012

Date

Signature

Joseph B Mendes

Typed or printed name of person signing Certificate

[Page 1 of 4]

This collection of information is required by 37 CFR 1.378(b). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 8 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail Stop Petition, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

## 1. SMALL ENTITY

☒ Patentee claims, or has previously claimed, small entity status. See 37 CFR 1.27

## 2. LOSS OF ENTITLEMENT TO SMALL ENTITY STATUS

☐ Patentee is no longer entitled to small entity status. See 37 CFR 1.27(g)

## 3. MAINTENANCE FEE (37 CFR 1.20(e)-(g))

The appropriate maintenance fee must be submitted with this petition, unless it was paid earlier.

NOT Small Entity			Small Entity		
Amount	Fee	(Code)	Amount	Fee	(Code)
<input type="checkbox"/> \$ _____	3 ½ yr fee	(1551)	<input type="checkbox"/> \$ _____	3 ½ yr fee	(2551)
<input type="checkbox"/> \$ _____	7 ½ yr fee	(1552)	<input checked="" type="checkbox"/> \$ <u>1425.00</u>	7 ½ yr fee	(2552)
<input type="checkbox"/> \$ _____	11 ½ yr fee	(1553)	<input checked="" type="checkbox"/> \$ <u>2365.00</u>	11 ½ yr fee	(2553)

MAINTENANCE FEE BEING SUBMITTED \$ 3790.00

## 4. SURCHARGE

The surcharge required by 37 CFR 1.20(i)(1) of \$ 700.00 (Fee Code 1557) must be paid as a condition of accepting unavoidably delayed payment of the maintenance fee.SURCHARGE FEE BEING SUBMITTED \$ 700.00

## 5. MANNER OF PAYMENT

☒ Enclosed is a check for the sum of \$ 4490.00☐ Please charge Deposit Account No. \_\_\_\_\_ the sum of \$ \_\_\_\_\_☐ Payment by credit card. Form PTO-2038 is attached.

## 6. AUTHORIZATION TO CHARGE ANY FEE DEFICIENCY

☐ The Director is hereby authorized to charge any maintenance fee, surcharge or petition fee deficiency to Deposit Account No. \_\_\_\_\_

**7. OVERPAYMENT**

As to any overpayment made, please

☐ Credit to Deposit Account No. \_\_\_\_\_

OR

☒ Send refund check**WARNING:**

Petitioner/applicant is cautioned to avoid submitting personal information in documents filed in a patent application that may contribute to identity theft. Personal information such as social security numbers, bank account numbers, or credit card numbers (other than a check or credit card authorization form PTO-2038 submitted for payment purposes) is never required by the USPTO to support a petition or an application. If this type of personal information is included in documents submitted to the USPTO, petitioners/applicants should consider redacting such personal information from the documents before submitting them to the USPTO. Petitioner/applicant is advised that the record of a patent application is available to the public after publication of the application (unless a non-publication request in compliance with 37 CFR 1.213(a) is made in the application) or issuance of a patent. Furthermore, the record from an abandoned application may also be available to the public if the application is referenced in a published application or an issued patent (see 37 CFR 1.14). Checks and credit card authorization forms PTO-2038 submitted for payment purposes are not retained in the application file and therefore are not publicly available.

**8. SHOWING**

The enclosed statement will show that the delay in timely payment of the maintenance fee was unavoidable since reasonable care was taken to ensure that the maintenance fee would be paid timely and that this petition is being filed promptly after the patentee was notified of, or otherwise became aware of, the expiration of the patent. The statement must enumerate the steps taken to ensure timely payment of the maintenance fee, the date and the manner in which the patentee became aware of the expiration of the patent, and the steps taken to file the petition promptly.

**9. PETITIONER(S) REQUESTS THAT THE DELAYED PAYMENT OF THE MAINTENANCE FEE BE ACCEPTED AND THE PATENT REINSTATED.**  
\_\_\_\_\_  
Signature(s) of Petitioner(s)

Jan 9, 2012

\_\_\_\_\_  
DateJoseph B Mendes  
\_\_\_\_\_  
Typed or printed name(s)\_\_\_\_\_  
Registration Number, if applicable

28701 SW 182 Ave

305-247-9442

\_\_\_\_\_  
Address\_\_\_\_\_  
Telephone Number

Homestead FL

\_\_\_\_\_  
Address**ENCLOSURES:**

- ☒ Maintenance Fee Payment  
☒ Statement why maintenance fee was not paid timely  
☒ Surcharge under 37 CFR 1.20(i)(1) (fee for filing the maintenance fee petition)  
☐ Other: \_\_\_\_\_

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

37 CFR 1.378(d) states: "Any petition under this section must be signed by an attorney or agent registered to practice before the Patent and Trademark Office, or by the patentee, the assignee, or other party in interest."

  
Signature

Jan 9, 2012

Date

Joseph B Mendes

Type or printed name

Registration Number, if applicable

STATEMENT

(In the space below, please provide the showing of unavoidable delay recited in paragraph 8 above.)

See SHOWING attached

(Please attach additional sheets if additional space is needed)





## SHOWING

Due to a series of catastrophic illnesses, which began in 2003, my ability to work was severely limited and resulted in the unavoidable delay in paying my patent maintenance fees. The first fee was due in 2006; the second in 2010. A chronological list that briefly describes my health issues is below, while a detailed account along with supporting medical records is attached as Exhibit A. My health is better now, mainly because of corrective surgery and intense participation in therapy programs to overcome and/or compensate for impairments I suffered. The purpose of this submission is to convey my sincere desire to fulfill my obligations, pay the maintenance fees, and receive reinstatement of my patent. I have spent many hours speaking with U. S. Patent Office representatives and gathering the materials that I understand you require. I hope you will view this as an indication of my good faith and will grant my request for reinstatement.

- November 2003: I was diagnosed with pseudo-tumor/shingles in the right eye. This resulted in scarring of the cornea, which prevented me from daily activities such as driving and using a computer.
- January 2004: I suffered a severe stroke. It resulted in full paralysis of my left side. I was unable to sit or stand on my own. Following years of therapy, a basic amount of mobility has been achieved, though my field of vision remains permanently damaged.
- July 2008: I suffered a type heart attack known as the "widow maker." Three stents were implanted.
- November 2009: Following an unsuccessful ankle replacement, I was confined to a wheel chair for almost a year.
- October 2010: I had corrective surgery for the ankle. I was not ambulatory for about another six months.
- October 2011: I had additional foot and ankle surgery, part of which provided corrective measures to repair stroke damage. The surgery realigned my gait and helped correct a dropped foot.

[54] SYSTEMS FOR CONTAINING AND COLLECTING OIL SPILLS

[76] Inventor: Joseph B. Mendes, P.O. Box 474, Agawam, Mass. 01001

[21] Appl. No.: 719,520

[22] Filed: Sep. 27, 1996

[51] Int. Cl. <sup>6</sup> E02B 15/04

[52] U.S. CL. 405/63; 210/242.4; 405/60

[58] Field of Search 405/60, 63-72; 210/242.4, 924

[56] References Cited

## U.S. PATENT DOCUMENTS

3,702,657 11/1972 Cunningham et al. 405/63 X  
4,187,187 2/1980 Turbeville 210/242.4 X  
4,555,338 11/1985 Marchionda 210/924 X

5,133,881 7/1992 Miller et al. 210/924 X  
5,348,661 9/1994 Hill 210/242.4 X  
5,380,431 1/1995 Newsom 210/924 X  
5,569,331 10/1996 Barber 210/924 X

## FOREIGN PATENT DOCUMENTS

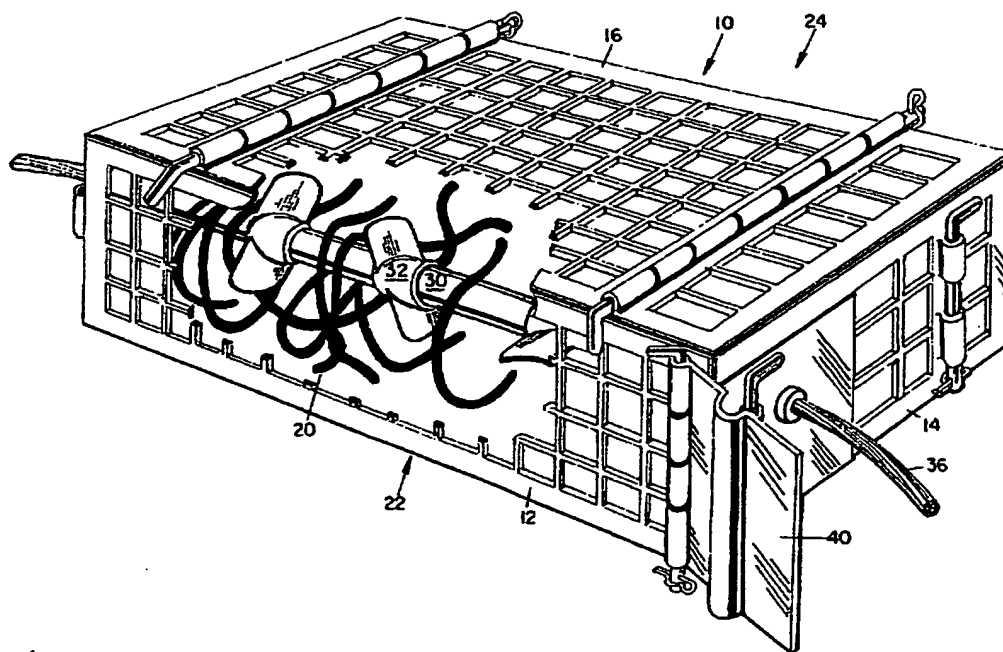
0691414 10/1979 U.S.S.R. 210/924  
0716567 2/1980 U.S.S.R. 210/242.4

Primary Examiner—Dennis L. Taylor  
Attorney, Agent, or Firm—Ross, Ross & Flavin

## [57] ABSTRACT

A method for capturing ecologically harmful substances in the nature of hydrocarbons from the surface of a body of water or from the ground adjacent a landfill or waste dump or from a shoreline of a body of water into which residual waste fluids from an adjacent ground leakage is passed.

1 Claim, 7 Drawing Sheets



## **EXHIBIT A**

John W. Uribe, M.D.  
Keith S. Hechtman, M.D.  
John E. Zvijac, M.D.  
Thomas P. SanGiovanni, M.D.  
Gautam P. Yagnik, M.D.

**Coral Gables**  
1150 Campo Sano Ave., Suite 200  
Coral Gables, Florida 33146  
Tel: 786-268-6200  
Fax: 786-533-9978  
www.uhzm.com

**West Kendall**  
15955 SW 96 St., Suite 201  
Miami, FL 33196  
Tel: 786-268-6200  
Fax: 786-533-9695

January 9, 2012

RE: JOSEPH MENDES  
DOB: 4/26/1938

To Whom It May Concern:

Mr. Joseph Mendes has been under my care for several years regarding progressive development of advanced arthritis and deformity of both ankles and feet. He has had extensive procedures due to severe right ankle arthritis which included a total ankle replacement performed by myself in Miami, October 2009. His postoperative course was complicated by loosening of one of the components ultimately requiring a revision total ankle replacement in October 2010 at Duke University. In March 2011 he underwent reconstructive procedures of both feet; a combination of fusions and tendon transfers of the toes. In October 2011 he underwent additional foot surgery for progressive deformity and reconstruction of his left foot.

During this time period he has had several episodes of immobilization in non weight bearing casts and eventually progressed to bracing. He has had a prolonged recovery due to several factors that include a high degree of arthritic deformity and residual weakness/dysfunction of his lower extremity, secondary to his previous stroke. He has had extensive physical therapy throughout the last several years and still has difficulty with balance and strength.

His declining medical condition over the years has led to multiple bilateral lower extremity reconstructive surgeries. These have severely hampered his walking ability and has been painfully debilitating, thereby not allowing him to work in any capacity.

If you need any further information, do not hesitate to contact my office.

Sincerely,



THOMAS P. SAN GIOVANNI, M.D.  
ORTHOPEDIC SURGERY



**Doctors Hospital**  
**Center for Orthopedics & Sports Medicine**  
**BAPTIST HEALTH SOUTH FLORIDA**

**James K. DeOrio, M.D.**

Physician Assistant: Stephanie Bonham, PA-C, MS, MPT

Christie McCray, Staff Assistant

Phone: 919-660-2358 ♦ Fax: 919-660-8568

Web site: [www.dukeortho.com](http://www.dukeortho.com)

---

RE: Joseph Mendes

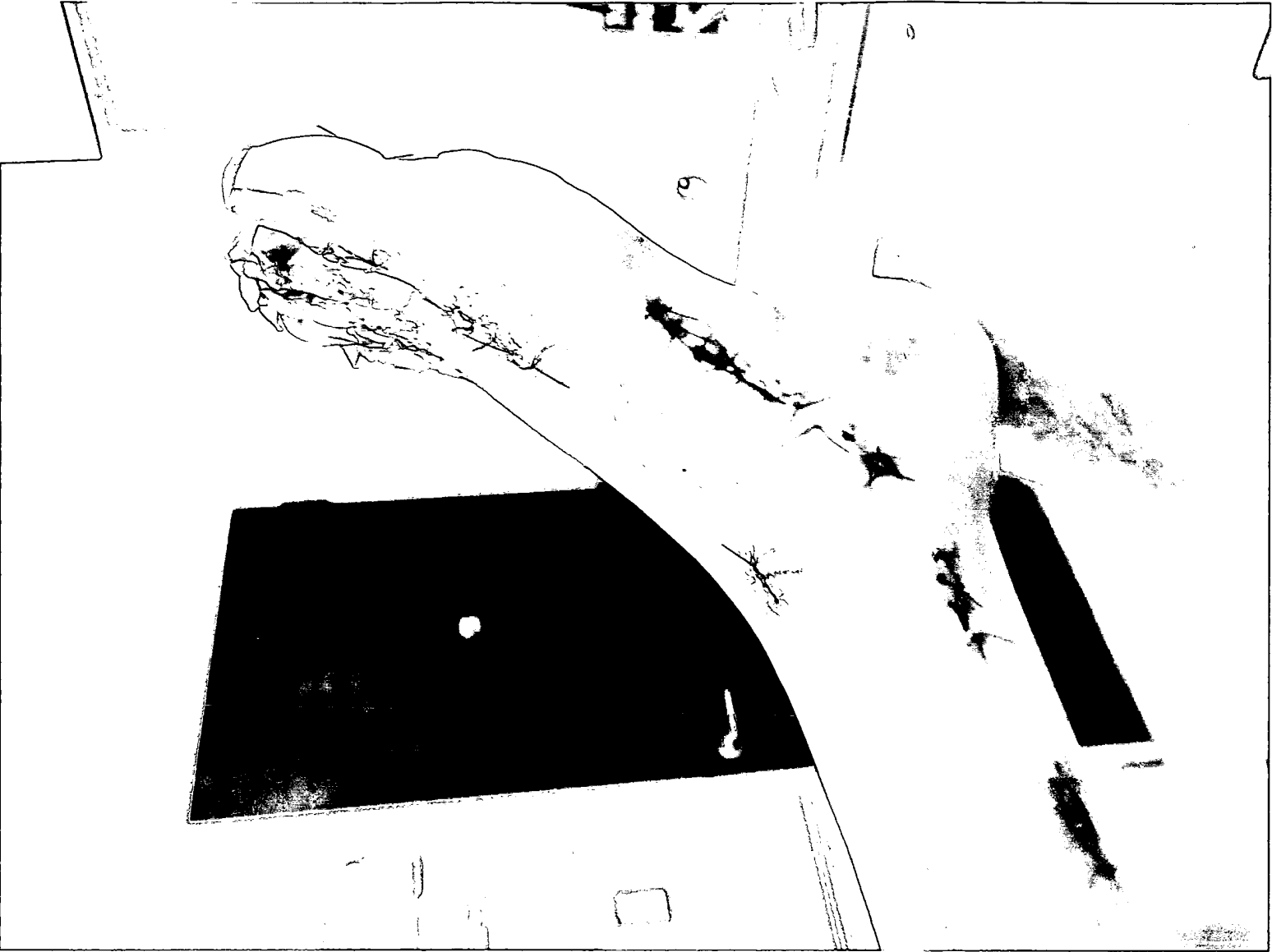
Mr. Mendes has been under medical care with Duke Orthopedics. The following is a list of surgeries and recovery timeframes.

Date of Surgery	Dates of Recovery Period
09/27/2011	09/27/2011- 12/27/2011
11/11/2010	11/11/2010- 2/11/2011

Sincerely,

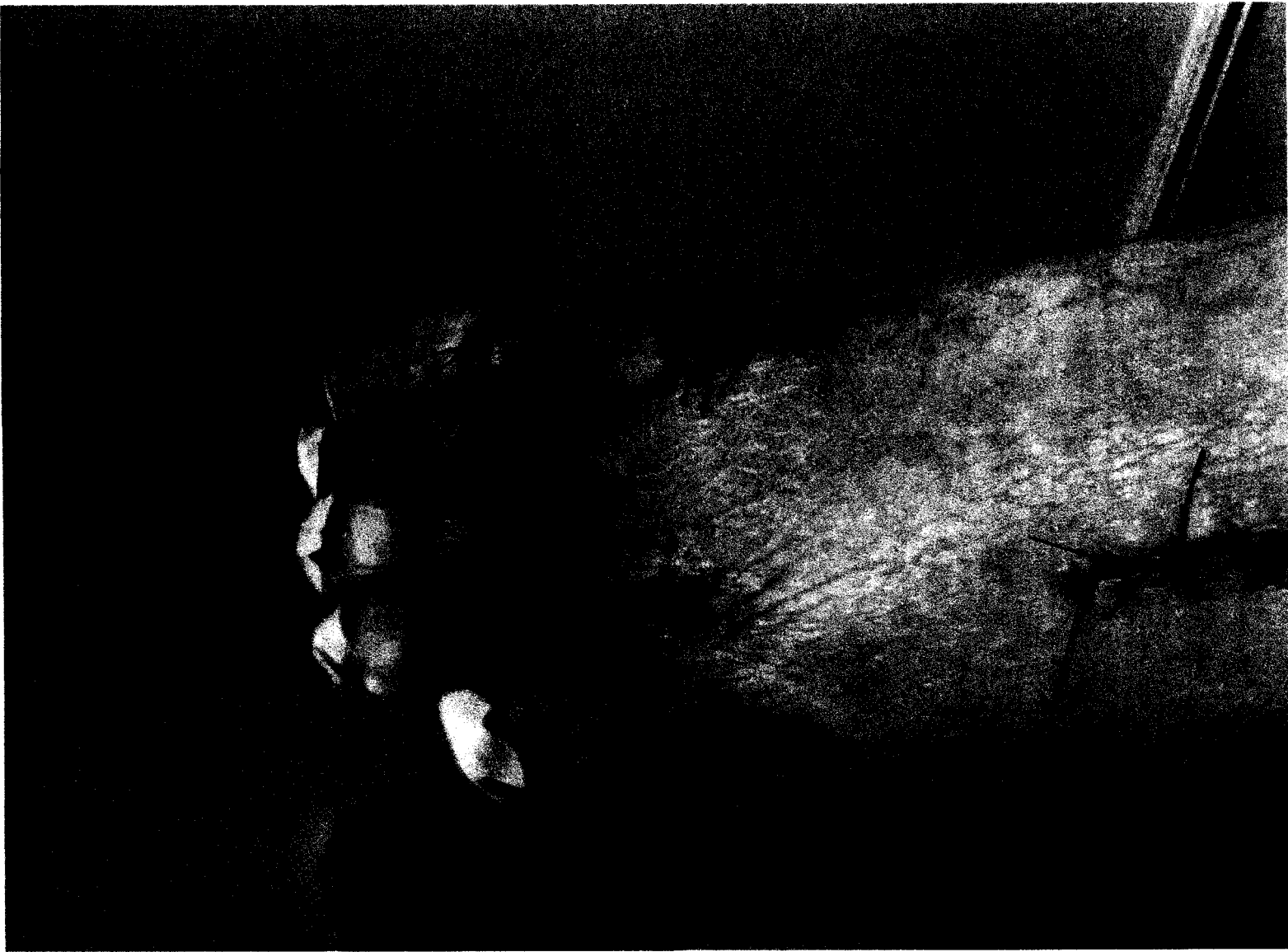
Stephanie Bonham, PA-C, MS, MPT











**Doctors  
Hospital**

5000 University Drive  
Coral Gables, Florida 33146  
Phone: (305) 666-2111

**OPERATIVE REPORT**

PATIENT NAME: MENDES, JOSEPH  
MEDICAL RECORD NUMBER: 000000472120  
ACCOUNT NUMBER: 302825344  
DATE OF ADMISSION: 10/27/2009  
DATE OF OPERATION: 10/27/2009  
SURGEON: THOMAS P SAN GIOVANNI, MD  
ASSISTANT SURGEON: LAUDELMAR FABRICIO VINA, PA  
ROOM/SERVICE: 3532A/PAS

**RECEIVED NOV 02 2009****PREOPERATIVE DIAGNOSES:**

1. Severe right ankle and subtalar arthritis
2. Achilles tendon contracture.

**POSTOPERATIVE DIAGNOSES:**

1. Severe right ankle and subtalar arthritis
2. Achilles tendon contracture.

**OPERATIVE PROCEDURE:**

1. Right total ankle arthroplasty (CPT code 27702).
2. Right subtalar joint arthrodesis procedure (CPT code 28725-59).
3. Autogenous bone grafting, iliac crest bone marrow aspirate, with Wright Medical Ignite system (CPT code 20909-59).
4. Gastrocnemius recession (CPT code 27687-59).
5. Autogenous platelet-rich plasma and application of short-leg splint.

**ANESTHESIA:** General.**COMPONENTS USED:** Wright Medical In-Bone total ankle arthroplasty system, size 3 tibial component, 10 mm polyethylene insert, size 3 talar component.**ESTIMATED BLOOD LOSS:** Minimal.**COMPLICATIONS:** None.

**PROCEDURE IN DETAIL:** The patient was brought to the operating room in satisfactory condition, placed on the operating table in supine position. After general anesthesia was induced by Anesthesiology, the patient was then administered a dose of IV antibiotics. A tourniquet was applied to the right lower extremity, the right lower extremity was then prepped and draped in the usual sterile

PATIENT NAME:  
ACCOUNT NUMBER:  
SURGEON:

MENDES, JOSEPH  
302825344  
THOMAS P SAN GIOVANNI, MD

**OPERATIVE REPORT**

fashion. An Esmarch bandage was used to exsanguinate the limb. The tourniquet was inflated to 300 mmHg.

An anterior incision was then made, centered over the ankle joint. This was carried down through the subcutaneous tissue. The superficial peroneal nerve was identified and gently retracted laterally. An interval was then created between the tibialis anterior and extensor hallucis longus tendon. The neurovascular bundle was then identified and gently retracted laterally. Dissection was carried down to the anterior joint capsule of the ankle joint. This was then opened and using a periosteal elevator the capsule was then raised off of the anterior aspect the ankle. This was to gain exposure of the joint. An osteophyte was removed from the anterior aspect of the distal tibia. The leg was then placed in the radiographic leg holder for the In-Bone prosthesis. Using fluoroscopy and setting the alignment guide, a guide pin was then placed and centered on the talus in both the AP and lateral planes. This was then passed across the tibiotalar joint with the ankle in neutral position. Using a drill bit by Peck drilling technique, a drill hole was then made across the ankle joint into the distal tibia. Using the reamers, the distal tibial aspect was then reamed through this drill hole. This was made after the tibial talar cuts were then made and the sizing was found to be a size 3 component. The tibiotalar cuts were made and then the distal tibial aspect was then reamed. The talar cuts were then made.

At this point in time the subtalar joint was then addressed. A small incision was then made within the sinus tarsi and through this incision using a combination of osteotome and curet the surface of the subtalar joint was then prepared for fusion down to cancellous bone. Through this small incision, the bone graft was then placed, the aspirate of bone marrow aspirate cells from the ipsilateral iliac crest, and mixed with the Wright Medical Ignite system. This was placed within the posterior facet of the subtalar joint. Three small fusion rods were then placed from across the joint by using a guide pin followed by the cannulated drill bit, and then the fusion rod across the subtalar joint. Following this, the tibial component was then constructed with two 12 mm components followed by a 14 mm component, and then a 16 mm component with the tray. The talar component was then impacted into position followed by a 10 mm polyethylene insert which was found to be the appropriate size for stability. The ankle had some limited dorsiflexion and for this reason a gastrocnemius recession was performed through a small incision along the posterior distal aspect of the calf. The wounds were then copiously irrigated with antibiotic wash. Platelet-rich plasma was placed within the joint and upon closure of each layer platelet-rich and platelet-poor plasma for improved adjunct for wound healing. The capsule was closed with 0 Vicryl, the extensor retinaculum over the tibialis anterior and EHL closed with 2-0 Vicryl, and the subcutaneous layer with 3-0 Vicryl, and then the skin with 4-0 nylon. The incisions were then dressed with platelet-poor plasma, sterile 4x4 gauze, 4x4s, Kerlix, cast padding, and finally placement in a short-leg splint with the ankle in neutral position. The patient tolerated the procedure well. There were no

---

PATIENT NAME:  
ACCOUNT NUMBER:  
SURGEON:

MENDES, JOSEPH  
302825344  
THOMAS P SAN GIOVANNI, MD

## OPERATIVE REPORT

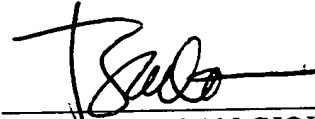
complications. Intraoperative x-rays, AP, lateral, and oblique views demonstrated excellent alignment of the prosthesis. The patient was brought to recovery room in stable condition.

TPS/MedQ

D: 10/31/2009 13:05:59

T: 11/01/2009 14:04:38

Job #: 331733/393749566



THOMAS P SAN GIOVANNI, MD

cc: Thomas P San Giovanni, MD

---

PATIENT NAME:  
ACCOUNT NUMBER:  
SURGEON:

MENDES, JOSEPH  
302825344  
THOMAS P SAN GIOVANNI, MD

**OPERATIVE REPORT**

**SOUTH MIAMI**  
**HEART SPECIALISTS**



**Cardiovascular Medicine Associates**

*Diplomates, American Board of Cardiovascular Disease and American Board of Internal Medicine*

6200 Sunset Drive, Suite 401  
South Miami, Florida 33143  
Phone: (305) 666-4633  
Fax: (305) 665-7493

HARRY R. ALDRICH, M.D., F.A.C.C.  
JAIME GHITELMAN, M.D., R.P.V.I.  
ABBE F. ROSENBAUM, M.D., F.A.C.C.  
YALE M. SAMOLE, M.D., F.A.C.C.  
BERNARD S. SILVERSTEIN, M.D., F.A.C.C.  
LEONARD J. ZWERLING, M.D., F.A.C.C.

November 18, 2011

Re : Joseph Mendes  
DOB: 4/26/38

To whom it may concern:

Mr. Mendes is under my care. He has multiple medical problems that have prevented him from attending to work for the last several years. He has had significant coronary artery disease requiring several procedures.

Please feel free to contact me if you have any questions or require any further information.

Harry R. Aldrich, M.D.

HRA/hs



Diagnostic and Interventional Cardiology

Jay K. Shah, M.D., F.A.C.C., F.S.C.A.I.  
Pradeep Singh, M.D., M.P.H., F.A.C.C.  
Sushil K. Singhi, M.D., F.A.C.C., F.A.C.P., F.A.H.A.  
Vasant B. Patel, M.D., F.A.C.C.  
Talal Baki, M.D., F.A.C.C., F.S.C.A.I.  
Michelle Christian, PA-C  
Kristin Whitmer, MPAS, PA-C  
Richard Boulware, PA-C

June 23, 2010

To Whom It May Concern

**RE: Joseph Mendes**  
**DOB: 4/26/38**  
**Chart #: 85968**

Dear Sir or Madam:

This letter is in reference to Mr. Joseph Mendes who I evaluated and treated in June 2008. At that time, he presented with chest discomfort and angina pectoris and was diagnosed with having multivessel coronary artery disease requiring multivessel coronary revascularization including drug-eluting stents of the left anterior descending artery, circumflex coronary artery and distal right coronary artery. The patient also at that time was diagnosed with having ascending aortic root aneurysm measuring 4.1 cm.

Mr. Mendes has a history of hypertension, dyslipidemia and coronary artery disease. After revascularization the patient has been continued on medical therapy and followed by his local physician. Mr. Mendes, while he was here at Piedmont Medical Center in Rock Hill, South Carolina and was treated for acute coronary syndrome. He also underwent evaluation by Dr. Alan Ryder-Cook from neurological standpoint. Mr. Mendes, four years prior to his presentation at Piedmont Medical Center in 2008, had been diagnosed with having cerebral vascular accident and a stroke that resulted in left spastic hemiparesis, by the neurological evaluation, with a right old cerebral vascular accident. The patient has been treated with medical therapy since then including lipid lowering therapy, Plavix and aspirin.

Mr. Mendes, since his coronary revascularization in 2008, has been asymptomatic and followed by Dr. Barrios and has been on medical therapy and reportedly is asymptomatic from cardiovascular standpoint.

I hope this information is helpful to update his medical records. Please do not hesitate to contact me should you require additional information.

Sincerely, 

Vasant B. Patel, M.D., F.A.C.C.  
VBP/lm  
Cc: 305-245-9091

803/324-5135  
Fax 803/324-8161

803/285-9700  
Fax 803/285-9713

803/802-0090  
Fax 803/802-0089

196 Cardiology Drive  
Rock Hill, SC 29732

834 West Meeting Street  
Medical Arts Bldg. 4, Suite H  
Lancaster, SC 29720

1658 West Hwy. 160  
Fort Mill, SC 29715

Baptist Hospital  
8900 North Kendall Drive  
Miami, Florida 33176

MENDES, JOSEPH  
1707982

723953790  
FELIPE A. DELVALLE, MD

## Discharge Summary

Date of Admission: 01/08/2004

Date of Discharge: 01/14/2004

### HISTORY OF THE PRESENT ILLNESS:

Dr. Delvalle was covering this case for the original attending physician, Dr. Carlos Vazquez.

The patient is a 55-year-old, Hispanic male who was admitted to Baptist Hospital on 1/08/2004 with symptomatology of left-sided hemiparesis, drifting, acute CVA versus a TIA. As per the patient and his wife, the patient was at home and suddenly he started having slurred speech and left-sided weakness and drifts with an unsteady gait which caused the patient to fall onto the floor where he was found by his wife.

### PAST MEDICAL HISTORY:

Positive for a cerebral pseudotumor, COPD, CVA in the past, hypertension, dyslipidemia.

### HOSPITAL COURSE:

On admission to the hospital, the patient was worked up and consulted, evaluated and followed by neurology, internal medicine and cardiology. The patient had a full workup that included a CAT scan of the brain without contrast which showed no acute disease and a brain MRI with and without contrast and this showed acute zones of infarction involving the right corona radiata, gangliocapsular regions and the right temporal periventricular white matter. As per the radiologist, there was also a clot or slow flow in some of the right MCA branches with (1 \_\_\_\_\_) fissure.

A followup CAT scan of the brain showed evolving zones of infarction along the right posterior corona radiata. There was no acute hemorrhage observed. The patient had further workup including a cardiac echocardiogram Doppler and carotid ultrasounds. The patient's transcranial Doppler showed minimal velocity elevations in the right and left ACA. The echocardiogram Doppler of the heart showed an estimated ejection fraction of 50%, but there were no intracardiac masses, thrombus, vegetations or (2 \_\_\_\_\_) identified.

Dr. Lembcke, cardiologist, decided to go ahead and do a TEE since the patient does have a past medical history of multiple

## Discharge Summary

Continued

MENDES, JOSEPH  
1707982

FELIPE A. DELVALLE, MD

## Discharge Summary

- 2 -

CVAs in the past.

The TEE was successfully completed without any complications on 1/13/2004. The TEE revealed an intra-atrial septal aneurysm but no emboli, no thrombi and no other abnormalities.

While in the hospital, the patient was seen by physical therapy, occupational therapy and speech and an MBS was done in order to evaluate the patient's swallowing and rule out any aspiration. The patient was found to have some dysfunction and decreased or impaired tongue movement for which it was recommended for the patient to have thinned liquids and eat slow with small bites. There was no aspiration noted.

The patient was continued on prednisone 5 mg p.o. q.d., and he was started on Protonix 40 mg one p.o. q.a.m. half an hour prior to breakfast. He was continued on the rest of his home medications including Singulair 10 mg p.o. q.h.s. and Seroquel 25 mg one to two p.o. q.h.s. p.r.n. and his ophthalmic drops which he brought from home. The patient was also placed on vitamin C 1000 mg one p.o. b.i.d. and vitamin E 400 units q.d. The patient was also placed on Accupril which was slowly increased to 20 mg p.o. q.12h. and Lipitor 20 mg q.h.s. which was later increased to 40 mg q.h.s. for maximum benefits. The patient was also started on aspirin 81 mg with meals and Aggrenox one tablet p.o. b.i.d.

After the patient was cleared by the consultants and showed improvement and no further decline, the patient was transferred to a nearby SNF where the patient will continue PT, OT and speech therapy.

### DISCHARGE DIAGNOSES:

1. Status post acute right-sided MCA region cerebrovascular accident (CVA).
2. History of multiple cerebrovascular accidents (CVAs) in the past.
3. The finding of an intra-atrial septal aneurysm by transesophageal echocardiogram (TEE).
4. History of dyslipidemia.
5. History of hypertension, now well controlled and stable.

### PLAN:

## Discharge Summary

Continued



Baptist Hospital  
8900 North Kendall Drive  
Miami, Florida 33176

MENDES, JOSEPH  
1707982

FELIPE A. DELVALLE, MD

## Discharge Summary

- 3 -

As mentioned above. The patient is to follow up with cardiology and neurology in 30 to 60 days as an outpatient and also with his primary care physician in two weeks after being discharged from the SNF. The patient understands and promises to follow through as mentioned above.

(3 \_\_\_\_\_), PA-C  
dictating for:

ELECTRONICALLY SIGNED BY  
DELVALLE, FELIPE - 17194

FAD:MT402 1603430  
D:01/14/2004 T:01/14/2004  
MedQuist, Inc.

\_\_\_\_\_  
FELIPE A. DELVALLE, MD

DELVALLE, FELIPE - 17194  
DEL

Discharge Summary



Patient Name:	MENDES, JOSEPH BRITO	DOB:	04/26/1938
Ordering MD:	THOMAS P SAN GIOVANNI, M.D.	Age:	72Y
Exam:	CT LOWER EXTREMITY W/O	Account #:	0066602560215
Date of Service:	8/4/2010 8:52AM	Class:	OUTPATIENT
Dictated by:	STEPHEN, SCOTT M	Rm#:	DISC

## Final Report

### RIGHT ANKLE

CLINICAL HISTORY: Right ankle pain and swelling. The patient is status-post total ankle replacement.

Contiguous 0.625 mm axial images through the ankle were obtained and reconstructed in multiple planes using multiplanar reconstruction. 3D images of the ankle were obtained and reviewed.

### FINDINGS:

The patient is status-post total ankle replacement with prosthetic devices in place in the distal tibia and dome of the talus. There is no evidence of loosening of the prosthetic devices. The devices appear intact. There are 3 screws in place entering from an inferior approach through the talocalcaneal joints. There are signs of severe osteoarthritis of the talocalcaneal joints. There is evidence of partial bony fusion of these joints, best seen on the sagittal images. These screws are intact. No definite loose bodies are identified. No additional abnormalities are identified.

### IMPRESSION:

Status-post total ankle replacement with prosthetic devices in place. There is no obvious evidence of loosening of these devices. The devices appear intact. There is partial bony fusion of the subtalar joints with 3 screws in place.

Dictation Date/Time: 8/4/2010 9:39AM  
Transcribed Date/Time: 8/4/2010 10:50AM  
Transcribed By:  
Verified By: STEPHEN, SCOTT M  
Verified Date/Time: 8/4/2010 5:01PM  
MR#: 000865342

MENDES, JOSEPH BRITO  
Exam: E-03672512  
Technologist:  
Ordered Date: 8/3/2010 2:09:00PM  
Complete Date: 8/4/2010 9:06AM  
Page: 1

Patient Name:	MENDES, JOSEPH BRITO	DOB:	04/26/1938
Ordering MD:	THOMAS P SAN GIOVANNI, M.D.	Age:	72Y
Exam:	CT LOWER EXTREMITY W/O	Account #:	0066602560215
Date of Service:	8/4/2010 8:52AM	Class:	OUTPATIENT
Dictated by:	STEPHEN, SCOTT M	Rm#:	DISC

## Final Report

Job # 228049

\*\*\* THIS IS AN ELECTRONICALLY VERIFIED REPORT \*\*\*

8/4/2010 4:51 PM: SCOTT STEPHEN, M.D.

DICTATED BY: Scott Stephen, M.D.

Dictated By: SCOTT M STEPHEN, M.D.  
(Electronic signature on file)

Report Copies:

Dictation Date/Time: 8/4/2010 9:39AM  
Transcribed Date/Time: 8/4/2010 10:50AM  
Transcribed By:  
Verified By: STEPHEN, SCOTT M  
Verified Date/Time: 8/4/2010 5:01PM  
MR#: 000865342

MENDES, JOSEPH BRITO  
Exam: E-03672512  
Technologist:  
Ordered Date: 8/3/2010 2:09:00PM  
Complete Date: 8/4/2010 9:06AM  
Page: 2



<b>Patient Name:</b>	MENDES, JOESPH BRITO	<b>DOB:</b>	04/26/1938
<b>Ordering MD:</b>	UNASSIGNED E PHYSICIAN, M.D.	<b>Age:</b>	72Y
<b>Exam:</b>	ANKLE COMPLETE LEFT	<b>Account #:</b>	0066602569088
<b>Date of Service:</b>	3/29/2009 9:54AM	<b>Class:</b>	EMERGENCY PATIENT
<b>Dictated by:</b>	HOOPER, TREVOR N	<b>Rm#:</b>	

## Final Report

CLINICAL DATA: Ankle pain.

LEFT ANKLE, FOUR VIEWS - 03/29/2009:

No acute fracture or dislocation is noted. The ankle mortise is normally aligned. No joint space effusion or localized soft tissue swelling is present.

### IMPRESSION:

No acute bony abnormality identified.

Job #178493

**Dictated By:** TREVOR N HOOPER, M.D.  
(Electronic signature on file)

**Report Copies:**  
Attend: PHYSICIAN, UNASSIGNED E

*Dictation Date/Time: 3/29/2009 10:19AM*  
*Transcribed Date/Time: 3/29/2009 12:45PM*  
*Transcribed By: WATSON, TINA*  
*Verified By: HOOPER, TREVOR N*  
*Verified Date/Time: 3/29/2009 1:13PM*  
*MR#: 000865342*

*MENDES, JOESPH BRITO*  
*Exam: E-03207569*  
*Technologist:*  
*Ordered Date: 3/29/2009 9:20:00AM*  
*Complete Date: 3/29/2009 9:54AM*  
*Page: 1*



<b>Patient Name:</b>	MENDES, JOSEPH BRITO	<b>DOB:</b>	04/26/1938
<b>Ordering MD:</b>	THOMAS P SAN GIOVANNI, M.D.	<b>Age:</b>	72Y
<b>Exam:</b>	XR ANKLE COMPLETE	<b>Account #:</b>	0066602560215
<b>Date of Service:</b>	8/4/2010 9:26AM	<b>Class:</b>	OUTPATIENT
<b>Dictated by:</b>	CORY, RICHARD C	<b>Rm#:</b>	DISC

## Final Report

RIGHT ANKLE, FOUR VIEWS

CLINICAL INDICATION: 716.07.

Comparison is made with a CT dated 08/04/10.

Four (4) views of the right ankle demonstrate a total ankle prosthesis in place. There are 3 cannulated screws traversing the talus and calcaneus. No definite complication is seen.

### IMPRESSION:

Total ankle prosthesis in place and intact. Cannulated screws traverse the subtalar joint.

Job # 228251

\*\*\* THIS IS AN ELECTRONICALLY VERIFIED REPORT \*\*\*

8/4/2010 2:10 PM: RICHARD CORY, M.D.

DICTATED BY: Richard Cory, M.D.

**Dictated By: RICHARD C CORY, M.D.**  
(Electronic signature on file)

**Report Copies:**

Dictation Date/Time: 8/4/2010 12:14PM  
Transcribed Date/Time: 8/4/2010 1:38PM  
Transcribed By:  
Verified By: CORY, RICHARD C  
Verified Date/Time: 8/4/2010 2:13PM  
MR#: 000865342

MENDES, JOSEPH BRITO  
Exam: E-03673139  
Technologist:  
Ordered Date: 8/3/2010 2:09:00PM  
Complete Date: 8/4/2010 9:40AM  
Page: 1

# MERCY

## Outpatient Center

Pt : MENDES, JOSEPH

M/R : MH05218109

REFERRING PHYSICIAN : GERARD BARRIOS, M.D.

### NUCLEAR CARDIOLOGY

DATE : 12/03/08

STUDY : RADIONUCLIDE MYOCARDIAL PERFUSION STUDY WITH  
ADENOSINE.

INDICATION: Chest pain.

**TECHNIQUE:** The patient received 7.1 mCi of Tc 99 Myoview, and rest images of the myocardium were obtained. The patient received 66.6 mg of IV adenosine, followed by an additional 22.2 mCi of Tc 99 Myoview, and postadenosine images of the myocardium were obtained. Left ventricular ejection fraction was calculated and wall motion study was obtained.

Prior examination from 2007 is not available for comparison; however, there was suspicion of distal anterior and anterior apical ischemia as per report. The examination is read in comparison to examination of June 17, 2005, which revealed inferior-posterior ischemia. There was also suggestion of ischemia within the anterior apical and apical lateral segments.

**FINDINGS:** Today's examination reveals predominantly fixed decreased perfusion within the inferior wall and inferior septal region, as well as within the cardiac apex. There is a mildly reversible component within the anterior wall. No other significant fixed or reversible perfusion defects are identified. Left ventricular ejection fraction is calculated at 61%.

# MERCY

Outpatient  
Center

Pt : MENDES, JOSEPH

M/R : MH05218109

Page 2 of 2

**IMPRESSION:**

1. Examination again suspicious for minimal anterior wall myocardial ischemia. There is also fixed decreased perfusion within the inferior wall, greatest on the delayed images, extending into the inferior septal region, which may reflect old infarct and/or artifactual gut or hepatic and diaphragmatic attenuation. Correlation advised.
2. Left ventricular ejection fraction is 61%.

MHK:emt6506 15118021

D:12/03/2008 T:12/03/2008

MARK H. KRAVETZ, M.D.

# Baptist Hospital

8900 N. KENDALL DRIVE - MIAMI, FL 33176

1/15/04  
CHART COPY - DO NOT REMOVE!

EMERGENCY FACE SHEET PAGE 1 of 2

MED REC#	REGIS DATE/TIME	REL	SEX/RC/MS NRS ST	RM/BD	PT/PC/SVC	BIRTHDATE	SOURCE	ACCT #
000001707982	01/08/04 00:47	CAT	M 4 M		E 1 ECA	04/26/1938		723953790

PATIENT'S NAME/PERM & LOCAL ADDRESS/SS#/PHONE  
MENDES, JOSEPH  
28701 SW 182 AVE  
HOMESTEAD

VIP:  
FL 33030

EMPLOYER  
JOSEPH MENDEZ INC  
BUBALI ZSIKI HWAY EAGLE BEACH ARU  
UNKNOWN FL 00000  
PH# 305 247-9442

PERM ADD PHONE: 305 247-9442 LOCAL ADD PHONE:

Ins: HUMANA CHOICE HMO 128 ( 1 )

PRIMARY CONTACT NAME/ADDRESS/PHONE  
MENDES, TAHINA SPOUSE  
28701 SW 182ND AVE  
HOMESTEAD FL 33030 PH# 305 247-9442

EMPLOYER  
HOUSEWIFE  
HOUSEWIFE  
UNKNOWN FL 00000

ACCIDENT DATE/TIME  
COMMENTS HDX VERIFIED

ACC IND  
PCP CRUMP, CLIFFORD M

ADMBY  
REVBY

PHYSICIAN 305 596-6556  
008888 MISC ER DOCTOR

PHYSICIAN 305 596-6556  
008888 MISC ER DOCTOR

CHIEF COMPLAINT  
WEAKNESS

TO BE COMPLETED BY THE PHYSICIAN  
PRINCIPAL DX (Condition After Study Responsible for Admission)

CODE NO

1 \_\_\_\_\_ : \_\_\_\_\_  
OTHER DX  
2 \_\_\_\_\_ : \_\_\_\_\_  
3 \_\_\_\_\_ : \_\_\_\_\_  
OPERATIONS AND/OR PROCEDURES  
1 \_\_\_\_\_ : \_\_\_\_\_  
2 \_\_\_\_\_ : \_\_\_\_\_  
3 \_\_\_\_\_ : \_\_\_\_\_

PHYSICIAN'S SIGNATURE: \_\_\_\_\_ CONDITION ON DISCHARGE: \_\_\_\_\_  
DATE: \_\_\_\_\_ (OUTPATIENT VISITS ONLY)

## CONSENT TO TREATMENT

I consent to all medical and surgical procedures and treatment, including but not limited to surgery, medical treatment, radiological examination, anesthesia, laboratory procedures, inpatient or outpatient services, and medications that may be performed, administered or rendered by or under the specific or general instructions of my or my child's physicians or surgeons during this hospitalization or outpatient visit. In addition, I agree to abide by facility regulations designed to enhance the care and safety of patients, and I consent to the appropriate disposal of any specimen or other bodily materials removed during the course of my or my child's treatment.

## CONSENTIMIENTO PARA TRATAMIENTO

Doy mi consentimiento a todos y cualquier procedimiento, tratamiento medico, quirurgicos o tratamiento que incluyan, pero no escen limitados a, cirugia, tratamiento medico, examinacion radiologica, anestesia, servicios de laboratorio, servicios de "inpatient o outpatient" y medicinas que pueden ser realizados, administrados o dados por o bajo las instrucciones especifica o generales del personal medico o de cirugia durante esta hospitalizacion o visita como paciente externo. Ademas, acuerdo aceptar las regulaciones de este centro, regulaciones que estan disenadas para facilitar el cuidado y la seguridad de los pacientes y, ademas, consiento al procedimiento establecido para disponer de cualquier especimen o de miembros removidos dura el curso del tratamiento dado a mi persona o a la de mi(s) hijo(s) menores.

## NOTICE OF PRIVACY PRACTICE AND RELEASE OF INFORMATION

I acknowledge that I was provided with a copy of the Baptist Health Notice of Privacy Practices describing how Baptist Health may use and disclose my health information under the federal law. Provided that Baptist Health continues its good faith effort to comply with the requirements of the federal privacy law, I hereby consent to the use and disclosure of my health information for the purposes and activities permitted under the federal privacy law, which are described in the Baptist Health Notice of Privacy Practices.

## NOTIFICACION SOBRE LAS PRACTICAS DE PRIVACIDAD Y DIVULGACION DE INFORMACION

Acuso recibo que me han dado una copia de la notificacion sobre las Practicas de Privacidad de Baptist Health describiendo como el Baptist Health describiendo como el Baptist Health segun la ley federal puede utilizar y dar a conocer informacion sobre mi salud. Siempre y cuando el Baptist Health continue de buena fe en esforzarse por cumplir con los requisitos de la ley federal de privacidad, consiento mediante el presente a que se utilice y se de a conocer informacion sobre mi salud para los propositos y actividades permitidos por la ley federal de privacidad, la cual se describe en la Notificacion sobre las Practicas de Privacidad de Baptist Health.

*[Signature]*  
initials/Iniciales



# Baptist Hospital

8900 N. KENDALL DRIVE - MIAMI, FL 33176

CHART COPY - DO NOT REMOVE!

EMERGENCY FACE SHEET PAGE 2 of 2

MED REC#	REGIS DATE/TIME	RBL	SEX/RC/MS	NRS ST	RM/BED	PT/PC/SVC	BIRTHDATE	SOURCE	ACCNT #
000001707982	01/08/04 00:47	CAT	M 4 M			E 1 ECA	04/26/1938		723953790

## PATIENT'S NAME/PERM & LOCAL ADDRESS/SS#/PHONE

MENDES, JOSEPH  
28701 SW 182 AVE  
HOMESTEAD

65  
VIP:  
FL 33030

## EMPLOYER

JOSEPH MENDEZ INC  
BUBALI ZSIKI HWAY  
UNKNOWN  
FL 00000  
PH# 305 247-9442

PERM ADD PHONE: 305 247-9442 LOCAL ADD PHONE:

Ins: HUMANA CHOICE HMO 128 ( 1 )

## PRIMARY CONTACT NAME/ADDRESS/PHONE

MENDES, TAHINA  
28701 SW 182ND AVE  
HOMESTEAD  
FL 33030 PH# 305 247-9442

EMPLOYER  
HOUSEWIFE

HOUSEWIFE

UNKNOWN FL 00000

ACCIDENT DATE/TIME  
COMMENTS HDX VERIFIED

ACC IND  
PCP CRUMP, CLIFFORD M

PRBRY  
ADMBY  
REVBY

PHYSICIAN 305 596-6556  
008888 MISC ER DOCTOR

PHYSICIAN 305 596-6556  
008888 MISC ER DOCTOR

CHIEF COMPLAINT  
WEAKNESS

## ADVANCE DIRECTIVES INFORMATION (For Adult Inpatients Only)

I acknowledge that should I be admitted, I will receive written information concerning my individual rights under Florida law to make decisions concerning my medical/health care. I understand that I have the right to execute an Advance Directive and will be provided the opportunity to do so. I understand that I am not required to execute an advance directive as a condition of receiving care at this hospital. I also acknowledge and understand that the terms of my advance directive, should I choose to execute one, will be followed by this hospital to the extent required or allowable by law.

## INFORMACION SOBRE DIRECTIVAS ANTICIPADAS (Adultos Ingresados Solamente)

Acepto que, si ingreso, recibire informacion escrita sobre mis derechos individuales bajo la ley de la Florida para tomar decisiones concernientes a mi atencion medica. Entiendo que tengo el derecho de ejecutar un Directivo Anticipado, y se me proporcionara la oportunidad de hacerlo. Comprendo que no se requiere que you ejecute un directivo anticipado como una condicion para ser atendido en este hospital. Ademas reconozco y entiendo que las condiciones de mi directiva anticipada, si decido ejecutarla, ser n seguidas por este hospital seg n los requisitos de la ley.

initials/iniciales

## INDEPENDENT PRACTITIONERS

I recognize that all physicians and surgeons providing medical services to me as a patient of this facility are private practicing physicians and are not employees or agents of this facility. These private physicians include, without limitation, radiologists, anesthesiologists, pathologists, emergency room physicians, ICU physicians, neonatologists, and all other physicians called in consultation.

## MEDICOS INDEPENDIENTES DEL HOSPITAL

Yo entiendo que los cirujanos y doctores que me estan atendiendo no son empleados del hospital. Yo reconozco que estos medicos de practicas privadas incluyen radiologos, anestesiastas, patologos, medicos de emergencias o cuidados intensivos, neonatologos, y cualquier otro medico consultado en el caso.

initials/iniciales

Baptist Health Rep.

Joseph Mendez	1/8/04	Tahina Mendez	spouse
Print Name/Nombre (En letra de molde)	Date/Fecha	Signature of Patient or Personal Representative Firma de el paciente o del representante	Personal representative's authority to act / Relacion de autoridad del representante



# Baptist Hospital of Miami

An Affiliate of Baptist Health Systems of South Florida

Patient Name <b>MENDES, JOSEPH</b>		Sex <b>Male</b>	Birthdate <b>04/26/1938</b>	Age <b>65</b>	Medical Record Number <b>20000001707982</b>	Account Number <b>200000723953790</b>
Admit Date <b>01/08/04 04:44 AM</b>		Discharge Date <b>01/15/04 04:33 PM</b>		LOS <b>7</b>	Disposition <b>Trans to Any Physical Rehab Center</b>	
Attending Physician <b>VAZQUEZ, CARLOS A.</b>					Coder <b>Marlene Corral</b>	
APR DRG Code <b>045</b>	APR DRG Text <b>CVA &amp; PRECEREBRAL OCCLUSION W INFARCT</b>					
DRG Code <b>014</b>	DRG Text <b>INTRACRANIAL HEMORRHAGE &amp; STROKE W INFARCT</b>					
HCFA Weight	Average LOS		Geometric Mean LOS		Estimated Reimbursement	
<b>Admit DX</b> <b>Admit Diagnosis Text</b>						
<b>436</b> <b>ACUTE, BUT ILL-DEFINED, CEREBROVASCULAR DISEASE</b>						
<b>Prin DX</b> <b>Principal Diagnosis Text</b>						
<b>43491</b> <b>UNSPECIFIED CEREBRAL ARTERY OCCLUSION WITH CEREBRAL INFARCTION</b>						
<b>DX Code</b> <b>Secondary Diagnosis Text</b>						
<b>34290</b> <b>UNSPECIFIED HEMIPLEGIA AND HEMIPARESIS AFFECTING UNSPECIFIED SIDE</b>						
<b>7845</b> <b>SPEECH DISTURBANCE</b>						
<b>4019</b> <b>ESSENTIAL HYPERTENSION, UNSPECIFIED BENIGN OR MALIGNANT</b>						
<b>2724</b> <b>UNSPECIFIED HYPERLIPIDEMIA</b>						
<b>41410</b> <b>ANEURYSM OF HEART (WALL)</b>						
<b>2720</b> <b>PURE HYPERCHOLESTEROLEMIA</b>						
<b>53081</b> <b>ESOPHAGEAL REFLUX</b>						
<b>V1259</b> <b>PERSONAL HISTORY OF DISEASES OF CIRCULATORY SYSTEM</b>						
<b>V140</b> <b>PERSONAL HISTORY OF ALLERGY TO PENICILLIN</b>						
<b>RX Code</b>		<b>Procedure Text</b>			<b>Date</b>	<b>Surgeon</b>
<b>8872</b>		<b>DIAGNOSTIC ULTRASOUND OF HEART</b>			<b>01/13/04</b>	<b>LEMBCKE, KARL H.</b>

ELECTRONICALLY SIGNED BY  
VAZQUEZ, CARLOS - 39875  
03/09/2004 21:08:42

VAZQUEZ, CARLOS A.

Date

Date Printed: 01/20/04



**Baptist  
Hospital**

1707982 M 65 04/26/38  
MENDES, JOSEPH  
VAZQUEZ, CARLOS A EDA  
723953790 01/08/04 IA

# INFORMED CONSENT TO OPERATIVE, INVASIVE, SEDATION, OR OTHER PROCEDURE

PATIENT Mendes, Joseph

- I HEREBY REQUEST AND AUTHORIZE DR. Lembo and/or such physician associate(s) as may be selected by him/her to perform on me the following operative, invasive, sedation, or other procedure(s), the nature of which has been explained to me, by the physician, in lay terms completely understandable to me.  
Transesophageal Echocardiogram
- I have been fully informed by the physician, in lay terms understandable to me, all medically acceptable alternative treatments.
- I have been fully informed by the physician in lay terms understandable to me the risk, benefits and expectations of the recuperation process which are associated with the operative, invasive, sedation, or other procedures(s) described above.
- I have been informed there are other risks including, but not limited to, severe loss of blood, infection, and cardiac arrest that are attendant to the performance of operative, invasive, sedation, and other procedure(s)
- I have been informed that I have the option of refusing this procedure(s) and understand the possible results of refusing the operative, invasive, sedation, or other procedure(s)
- I consent to the administration of medication(s) administered by or at the direction of the individual performing the above mentioned procedure for the purpose of reducing pain or discomfort and/or emotional stress I may experience. I have been informed and understand the risks, benefits and alternatives.
- If any unforeseen condition should arise during the course of the operative, invasive, sedation, or other procedure, I do hereby authorize and request the physician to take whatever steps, and to perform whatever procedure(s) deemed advised, which may be in addition to or different from those that are planned.
- I consent to the appropriate disposal by the hospital of any tissue and other bodily materials which may be removed during the course of the procedure(s).
- I have been made aware and acknowledge that the practice of medicine and surgery are not exact sciences and that no guarantees or assurances have been made to me as to any of the results and risks.
- I consent to the observation of my procedure by other health care providers for educational purposes; and further consent to my physician (or designee) making a photographic, videotape, or similar record of the procedure (which shall remain in my physician's custody) for the purposes that my physician has explained and I have agreed to.

I HAVE READ THE ABOVE PARAGRAPHS AND THEY HAVE BEEN EXPLAINED TO MY SATISFACTION

B. Van RD  
Witness (to signature only)  
Date 11/30/04 Time 1000  
Date signature obtained

[Signature]  
Patient Signature (guardian/surrogate if patient unable to sign)

State reason patient cannot sign

## PHYSICIAN'S CERTIFICATION

NAME OF PHYSICIAN \_\_\_\_\_ I hereby certify that the patient, guardian or surrogate:  
(1) has been fully informed by me or one of my physician associates, in lay terms understandable to the patient, of the nature of the procedure, the alternatives as to treatment, possible results of nontreatment, expectations of the recuperation process, and the benefits of and risk to the patient inherent or associate with the procedure and, when the use of anesthetic (sedative) agents is administered by or at my direction: (2) has authorized the performance of the procedure and when appropriate, the anesthetic (sedative) agents.

Physician Signature [Signature]

Date 11/2/04

Time \_\_\_\_\_

\*00800BF1554\*



**Baptist  
Hospital**

## CONSENTIMIENTO DEL PACIENTE PARA UN PROCEDIMIENTO OPERATIVO, INVASIVO, SEDATIVO O DE OTRA INDOLE

PACIENTE \_\_\_\_\_

1. Por este medio, le solicito al Dr. \_\_\_\_\_ o uno de los médicos asociados designado por el para que me haga el siguiente procedimiento quirúrgico, invasivo, sedativo o de otra clase, la índole y alcance del cual me ha explicado el médico en términos sencillos que yo he comprendido completamente:  
\_\_\_\_\_  
\_\_\_\_\_
2. El médico me ha informado completamente, en términos sencillos y yo he comprendido, todos los otros tratamientos médicamente aceptables y disponibles
3. El médico me ha informado, en términos sencillos y yo he comprendido, todos los riesgos, beneficios y expectativas del proceso de recuperación implícitos en las intervenciones quirúrgicas, tratamientos invasivos, administración de sedantes y otros procedimientos descritos arriba.
4. Se me ha informado que existen otros riesgos, que pudieran incluir una gran pérdida de sangre, infección y paro cardíaco, y que pudieran ocurrir otros más ocasionados por los procedimientos operativos, invasivos, sedativos y de otra índole.
5. Se me ha informado que tengo la opción de rechazar estos procedimientos y entiendo cuáles son los resultados posibles de mi rechazo de los procedimientos operativos, invasivos, sedativos y de otra índole.
6. Autorizo tanto a la persona que realizó los procedimientos antes mencionados, como a la persona que ésta pueda designar para acérlo bajo su supervisión, para que me administren medicamentos con el fin de mitigar el dolor, la incomodidad o la tensión emocional que yo pudiera experimentar. Se me han informado cuáles son esos riesgos, beneficios y alternativas, todo lo cual comprendo.
7. Si durante el transcurso del procedimiento operativo, invasivo, sedativo o de otra índole surgiera algún problema imprevisto, por este medio, pido y autorizo al médico para que tome las medidas necesarias y realice los procedimientos que crea aconsejables por añadidura o a diferencia de los planificados.
8. Autorizo al hospital para que disponga apropiadamente de todo tejido y de cualquier otra materia corporal que pudiera extraérseme durante el transcurso del procedimiento
9. Sé y además se me ha informado que la práctica de la medicina y de la cirugía no son ciencias exactas y declaro que no se me ha hecho ninguna garantía ni dado ninguna seguridad en relación con ninguno de los resultados o riesgos
10. Autorizo a que otras personas pertenecientes al campo de la atención médica observen con fines educativos el procedimiento que se me hará y asimismo autorizo a mi médico (o a la persona que éste designe) para que se tomen fotografías; y se grabe en videocinta o mediante proceso similar el procedimiento que se me hará de modo que haya constancia del mismo (que mantendrá bajo custodia mi médico) con los fines que mi médico ha explicado y para lo cual doy mi consentimiento.

**HE LEIDO LOS PARRAFOS ANTERIORES, QUE SE ME HAN EXPLICADO A MI ENTERA SATISFACCION**

Testigo (sólo de la firma) \_\_\_\_\_

Firma del paciente (tutor o sustituto) si el padre o la madre no pudieran firmar \_\_\_\_\_

Fecha en que se obtuvo la firma \_\_\_\_\_

Declare motivo por el cual el paciente no pueda firmar \_\_\_\_\_

### CERTIFICACION DEL MEDICO

NOMBRE DEL MEDICO \_\_\_\_\_ Por este medio, certifico que, yo o uno de mis médicos asociados, hemos informado completamente al paciente, tutor o sustituto (1) en términos sencillos que el paciente ha comprendido completamente todo lo relacionado con la índole del procedimiento, las alternativas de tratamiento, las posibles consecuencias del rechazo del tratamiento, las expectativas del proceso de recuperación y el beneficio y los riesgos para el paciente implícitos en el procedimiento o asociados con dicho procedimiento cuando se emplean agentes anestésicos (sedantes) que son administrados por mí o bajo mi supervisión, y que (2) doy mi autorización para que se haga el procedimiento cuando sea apropiado, he autorizado que se me haga

Firma del médico \_\_\_\_\_

Fecha \_\_\_\_\_

Hora \_\_\_\_\_



\*00800BF1554\*

Form #1554 (6/97)  
Page 2 of 2 Test

46



**Baptist Hospital  
of Miami**

An Affiliate of Baptist Health Systems of South Florida

**EMERGENCY PHYSICIAN RECORD**

**Neuro Symptoms / Deficit (5)**

TIME SEEN: 0113 ROOM: 4 ☐ EMSA arrival  
HISTORIAN: ☒ patient ☐ spouse ☐ paramedics ☒ wife  
HX / EXAM LIMITED BY:

**HPI**

chief complaint:

Weakness Paresthesia Facial Droop  
Difficulty standing/walking Falling  
Impaired Speech

started: At 2:30 PM started having sudden-onset  
difficulty walking. Then at constant  
PT working & started speech intermittent  
gone now better continues in ED Disorder weakness

severity: mild moderate severe

context: Awoke at midnight - severe  
Disorder weakness.

character of deficit(s):

☒ new weakness  
• RUE RLE LUE LLE R/L facial general (diffuse)

☒ altered sensation

• RUE RLE LUE LLE R/L facial

vision problem

☒ impaired speech/ swallowing difficult unable

decreased ability to stand/walk

• weak difficult off balance cannot walk cannot stand

☒ falling No trauma. at midnight

Usually: walks w/o assistance stands for transfers  
uses a cane / walker bed-ridden  
walks only w/ assistance unable to sit up  
unable to walk

associated symptoms:

altered mental status

• disoriented confused agitated trouble concentrating / thinking  
decreased responsiveness unresponsive

Usually: alert, oriented x3 alert but confused  
alert but disoriented to time poor alertness

Similar symptoms previously

Recently seen/treated by doctor

1707982 M 65 04/26/38  
MENDES JOSEPH  
MISC ER DOCTOR ECA  
723953790 01/08/04 ET

**ROS**

NEURO

headache  
passed out / seizure  
head injury  
dizziness  
vertigo lightheadedness

CHEST

chest pain  
palpitations  
cough  
sputum  
trouble breathing

CONST

fever

EYES-ENT

trouble w/ vision

sore throat

GI and GU

nausea

vomiting

abdominal pain

diarrhea

black/bloody stools

trouble urinating

SKIN & LYMPH & MS

skin rash / swelling

joint pain

back / neck pain

☐ all systems neg. except as marked

**PAST HISTORY**

negative

stroke / TIA

back injury

heart disease

high blood pressure

diabetes insulin / oral / diet

seizure disorder

lung disease

cancer

migraine headaches

high cholesterol

+HIV / AIDS

Other problem Asbestosis eye mass / tumor

Diet:

Surgeries:

CABG

pacemaker

back surgery

cholecystectomy

appendectomy

hysterectomy

tonsillectomy

Cosmetic facial tumor

Medications

none see nurses note

ASA ibuprofen acetaminophen

Nasamax Advil

Daxium Soma

Singulair Valium Opren

Allergies

NKDA

see nurses note

Penicillin

SOCIAL HX smoker

alcohol (recent / heavy / occasional)

nursing home resident

drugs

FAMILY HX

stroke migraines CAD Alzheimer's

☐ Nursing Assessment Reviewed. ☐ BP, HR, RR, Temp reviewed.

P: SS R: IS T: ✓ W: 15 (kg) BP: 150/85

PHYSICAL EXAM Alert ✓ Lethargic ✓ Obtunded ✓

Distress: NAD mild ✓ moderate ✓ severe ✓ Seizing / Apneic ✓

#### HEENT

✓ No apparent trauma

✓ ENT inspect nml

✓ pharynx nml

✓ airway intact

#### NEURO/PSYCH

higher functions

✓ alert

✓ oriented x3

✓ mood/affect nml

#### cranial nerves-

✓ normal as tested

✓ pupils equal,

✓ round, and

✓ reactive

✓ EOM's intact

#### cerebellar-

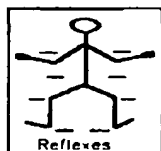
✓ normal as tested

✓ peripheral exam-

✓ no motor deficit

✓ no sensory deficit

✓ reflexes nml



#### NECK

✓ supple

✓ non-tender

#### RESPIRATORY

✓ no resp. distress

✓ breath sounds nml

#### CVS

✓ reg. rate, rhythm

✓ heart sounds nml

#### ABDOMEN

✓ non-tender

✓ no organomegaly

#### SKIN

✓ color nml, no rash

✓ warm, dry

#### EXTREMITIES

✓ non-tender

✓ normal ROM

✓ no pedal edema

Neuro Symptoms Deficit-46 Rev. 11 / 01

1707982 M 65 04/26/38  
MENDES, JOSEPH  
MISC ER DOCTOR  
723953790 01/08/04 ECA  
ET

#### LABS, XRAYS, and PROGRESS:

EKG MONITOR STRIP NSR Rate 54

EKG NML ☐ Interp. by me. ☐ Reviewed by me Rate 54  
NSR NML intervals NML axis NML QRS NML ST/T

not / changed from:

CXR ☐ Interp. by me ☐ Reviewed by me ☐ Discd w/radiologist  
NML/NAD no infiltrates NML heart size NML mediastinum

not / changed from:

CBC	Chemistries	UA
normal except	normal except	normal except
WBC <u>9.5</u>	Na <u>139</u>	WBC <u>13.5</u>
Hgb <u>14.4</u>	K <u>3.9</u>	RBC's <u>1.2</u>
Hct <u>42.9</u>	Cl <u>103</u>	bacteria <u>0</u>
Platelets <u>294</u>	CO2 <u>28</u>	dip: <u>0</u>
segs <u>62</u>	Gluc <u>115</u>	
bands <u>4</u>	BUN <u>18</u>	
lymphs <u>25</u>	Creat <u>1.0</u>	

Head CT nml Days g/d mass. No bleed.

Pulse Ox 92 % on RA / 92 L / 92 % at (time)

Time unchanged improved re-examined

PROGRESS: Stroke patient activated

Treatment:

Procedures:

Discussed with Dr. [Signature] - M.J.'s CRIT CARE- 30-74 min  
will see patient in: office / ED / hospital 75-104 min  
Counseled patient / family regarding: Prior records ordered  
lab results diagnosis need for follow-up Additional history from:  
Rx given Admit orders written family caretaker paramedics

#### CLINICAL IMPRESSION:

Transient Ischemic Attack

CVA (Stroke)

hemorrhagic non-hemorrhagic

Bell's Palsy

Intracerebral Hemorrhage

Subarachnoid Hemorrhage

Subdural / Epidural Hematoma

Sepsis / Meningitis / Encephalitis

#### OTHER CLINICAL IMPRESSION:

DISPOSITION: ☐ home ☒ admitted ☐ transferred

CONDITION: ☒ unchanged ☐ improved ☐ stable

Admit per Dr. [Signature] NP/PA

#### ATTENDING NOTE

NP / PA's history reviewed, patient interviewed and examined.

Briefly pertinent history is:

My exam of patient reveals:

Assessment and care plan reviewed with NP / PA. Lab & ancillary studies show:

I confirm the diagnosis of:

Patient will need:

☐ Medically stable for transfer / discharge

☐ Template complete

☐ Progress Sheet

WHITE - ORIGINAL

CANARY - ED PHYSICIANS

PINK - ED QA

Page 2 of 2

# INITIAL ASSESSMENT FORM

BAPTIST HEALTH SYSTEMS

PRIORITY: 2

Patient: MENDES, JOSEPH

Pt#: 2352

Urgent

DOB: 04/26/1938

AGE: 65YRS

Sex: M

MR#:

EDP: \*No Physician

Worker's Comp:

DATE: 01/08/2004

PCP: Crump, Clifford M

Emp. Referred:

Presentation Time: 01:13

Triage Time: 01:13

Arrival Mode: AMB-AMR

Height: 5' 7"

Weight:

lbs.

kgs. LMP:

Last Tetanus:

Acc By:

Chief Complaint: WEAKNESS--GENERALIZED

## Vital Signs

T: PO  
P: 66 Regular  
R: 18 Unlabored  
BP: 000/000 157/83  
O2: 98 % RA  
Pain Intensity Scale: / 10  
Pain Location:

Brief Assessment: RESCUE STATES PT. HAD SLURED SPEECH THIS PM THEN AT 2030 PT. WAS FOUND ON FLOOR AT HOME BY WIFE. PT. HAS WEAKNESS ON LEFT SIDE.

NIGHT SWEATS YES  
WEIGHT LOSS NO  
ANOREXIA NO

HEMOPTYSIS NO  
FEVER NO

DIFFICULTY BREATHING - SOB NO  
INJURED NO  
FEARFUL NO  
Diabetic NO  
SMOKE NO  
ASPIRIN UNK

Sudden Onset:

Pre-Hospital Treatment:

Pediatric Assessment: N/A

Past Medical History: TUMOR RIGHT EYE

Allergies: PCN

Medicines:

PREDNISONE 5 mg. po. 2 tabs BID; Valtaren eye gtt.; Serevent inhaler  
Nasac nasal spray, 50 mg; Nexium 20 mg. 1 cap. qd; Singulair 10 mg.  
qd; Prednisolone eye gtt.; Acular eye gtt.

Nurse Signature: \_\_\_\_\_ CS

Additional Notes:

14



**Baptist Hospital  
of Miami**

An Affiliate of Baptist Health Systems of South Florida

**EMERGENCY NURSING RECORD  
Neurological Complaints**

TRIAGE TIME \_\_\_\_\_ 1 2 3 4

NAME: \_\_\_\_\_

D.O.B. \_\_\_\_\_ AGE: \_\_\_\_\_ M / F

HISTORIAN: \_\_\_\_\_ patient \_\_\_\_\_ paramedics \_\_\_\_\_ family \_\_\_\_\_

ARRIVAL MODE: \_\_\_\_\_ car \_\_\_\_\_ EMS \_\_\_\_\_ police \_\_\_\_\_

PCP: \_\_\_\_\_ none \_\_\_\_\_

IMMUNIZATIONS: current / ^not current / referral \_\_\_\_\_

TREATMENT PTA \_\_\_\_\_ see EMS report \_\_\_\_\_ IV \_\_\_\_\_ O<sub>2</sub> \_\_\_\_\_

**CHIEF COMPLAINT**

started \_\_\_\_\_ hrs / days ago \_\_\_\_\_

\_\_\_\_\_ headache \_\_\_\_\_ mental status change \_\_\_\_\_

\_\_\_\_\_ photophobia \_\_\_\_\_ fatigue / weakness \_\_\_\_\_

\_\_\_\_\_ dizziness \_\_\_\_\_ vision change \_\_\_\_\_

\_\_\_\_\_ syncope \_\_\_\_\_ neck discomfort \_\_\_\_\_

\_\_\_\_\_ nausea / vomiting x \_\_\_\_\_ seizure activity \_\_\_\_\_

\_\_\_\_\_ chemical exposure \_\_\_\_\_

PAIN LEVEL current: \_\_\_\_\_ / 10 maximum: \_\_\_\_\_ / 10

VITALS time: \_\_\_\_\_ Weight \_\_\_\_\_ lbs

BP \_\_\_\_\_ / \_\_\_\_\_ P \_\_\_\_\_ R \_\_\_\_\_ temp \_\_\_\_\_ T O R A

O<sub>2</sub> Sat% \_\_\_\_\_ RA / O<sub>2</sub> \_\_\_\_\_ GCS \_\_\_\_\_

ALLERGIES \_\_\_\_\_ NKDA / PCN / ASA / sulfa / latex

MEDS \_\_\_\_\_ none \_\_\_\_\_ see med list

PAST HX / \_\_\_\_\_ negative

\_\_\_\_\_ CVA / TIA / heart disease / HTN / diabetes: insulin \_\_\_\_\_

\_\_\_\_\_ past surgeries \_\_\_\_\_ none \_\_\_\_\_

\_\_\_\_\_ smoker / drugs / alcohol

\_\_\_\_\_ ^TB exposure / symptoms

\_\_\_\_\_ ^has been physically hurt or threatened by someone close

LNMP \_\_\_\_\_ G \_\_\_\_\_ P \_\_\_\_\_ A \_\_\_\_\_ pregnant / postmenopausal

RN Signature \_\_\_\_\_

1707582 M 04/26/38

MENDES, JOSEPH

MISC ER DOCTOR

EMR

TIME TO ROOM \_\_\_\_\_ 01/08/04

ET

INITIAL ASSESSMENT TIME: \_\_\_\_\_ ROOM: \_\_\_\_\_

**GENERAL APPEARANCE**

☒ no acute distress ☐ mild / moderate / severe distress

☒ alert ☐ anxious / decreased LOC

☒ neat, clean ☐ unkempt

☐ tearful / crying

**FUNCTIONAL / NUTRITIONAL ASSESSMENT**

☒ appears well nourished ☐ ^obese / malnourished

☐ independent ADL ☒ assisted total care

**RESPIRATORY**

☒ no resp distress ☐ mild / moderate / severe distress

☒ nml breath sounds ☐ wheezing / crackles / stridor

☐ decreased breath sounds

☐ tachypnea

**CVS**

☒ regular rate ☐ tachycardia / bradycardia / irr. rhythm

☒ pulses strong ☐ pulse deficit

**NEURO**

☒ oriented x 3 ☐ disoriented to person / place / time

☒ moves all extremities ☐ confused

☒ nml gait ☐ weakness / sensory loss

☒ PERRL ☐ gait unsteady / shuffling

☐ dystonia / tremors

☒ pupils unequal ☐ pinpoint / dilated

**PSYCH**

☒ affect appropriate ☐ depressed / flat affect

☒ cooperative ☐ uncooperative / non communicative

☒ maintains eye contact ☐ lack of eye contact

☒ nml speech ☐ inappropriate speech / behavior

☒ responds appropriately ☐ speech soft / slurred / mute / loud

☐ suicidal / homicidal ideation

☐ delusional / flight of ideas

☐ hallucinating visual / auditory

**SKIN**

☒ warm, dry ☐ cyanosis / pallor

☒ intact ☐ cool / diaphoresis

☐ open wound / needle tracks / lesion(s)

☐ skin rash

**ADDITIONAL FINDINGS**

0115 - transferred to Rm. 6 for T2: CT. of brain  
done - covered. A/A 100% still c. checked  
weakness & slurring of speech noted & focal  
drump. denies CP & SOB. Best nurse @  
11:30. Chart placed for MD eval.  
0115 - Dr. Vreja c. T.O. made - caused dizziness  
& slurred by Dr. P. Baker

Nurse Signature Joalyn D. Gwyn, RN #4552



# ACTIONS

TIME	INIT
0115	
O <sub>2</sub> 2 L via: NC	
pulse oximeter	
cardiac monitor	
Accu-Chek	
bed low position	
side rails up x1 (x2)	
call light in reach	
head of bed elevated	
ready for Dr eval. / notified doctor	
restraints see documentation	
isolation respiratory negative ventilation	

# IV RECORD

TIME	#	Sol	Site	Ga	Amt in	Time in	INIT
0115	1	SL	LAC	18			

# MEDICATIONS

TIME	Medication	Dose	Rte	Site	INIT
0145	ASA	0.25	mg	PO	
	Response:				
	Response:				
	Response:				
	Response:				
	Response:				

# PROCEDURES

Time	INIT
12 lead EKG performed	
notified	
LP tray set up	
sterile technique used	
consent signed	
LP done by:	
procedure tolerated well	
Foley	
fr.	
lab drawn / sent	
spinal fluid to lab	
results back	
awaiting physician review	
to Xray w monitor / nurse / O <sub>2</sub> / tech	
to CT w monitor / nurse / O <sub>2</sub> / tech	

# VITAL SIGNS

Time	BP	P	R	T	O <sub>2</sub> sat	Rhythm	INIT
0115	157/93	56	15	97.1°	100%	SB	
0500	140/78	65	15		99%	SR	

Neurological Complaints - 14 NNTS14

1707582 N 04/26/38

MENDES, JOSEPH

MISC ER DOCTOR

EHR

PAIN REASSESSMENT 90 01/08/04

ET

Time	Description	Level	INIT
0115	Shin	8/10	
		10	
		10	

# ADDITIONAL NOTE

0115 - Canine Doppler + lower extremity Doppler done - while attached to chart.  
 Dr. Vazquez is currently on-site.  
 - carried out  
 - still in weakness @ side of body.  
 - other neuro deficits noted  
 0515 - Dr. secured file; report given  
 0520 - transport called  
 0600 - pt. still here; transport paid again

IV / saline lock discontinued: Time Initials

# INTAKE

# OUTPUT

IV:	Urine: 240 cc
PO:	Emesis:
Other:	Blood-Approx:
Total:	Total:

# PROPERTY TO:

patient	family	security	safe	see patient belongings list
---------	--------	----------	------	-----------------------------

# DISPOSITION

discharged home police nursing home ME funeral home  
 verbal / written instructions / Rx given to: patient  
 verbalized understanding  
 learning barriers addressed  
 accompanied by / driver:  
 pain level at discharge / 10

admitted / transferred to 416  
 report to 1100 time 0515  
 transfer documentation completed  
 notified family / police / ME  
 left AMA / LVBS signed AMA sheet refused  
 physician notified of:

# CONDITION

unchanged improved stable other  
 Depart Time Mode: walk W/C stretcher ambulance

Discharge Nurse Signature [Signature] RN #10592

SIGNATURE	INITIAL
[Signature]	CP
[Signature]	

# MIAMI-DADE FIRE RESCUE

INCIDENT INFORMATION

Incident Number 4100 Unit Number 131 Department ID 131 Alerts ☐ Trauma ☐ Fire Rescue ☐ Ambulance ☐ Alt. Trans. ☐ Air ☐ Law Enf. ☐ Cardiac ☐ Stroke ☐ Patient Disposition ☐ Treat/Trans. Gen Hosp ☐ Treat/Trans. Private Vehicle ☐ Treated No Trans. Req ☐ No Treatment Req ☐ Call Cancelled ☐ Treat/Trans. Trauma Ctr ☐ Treat/Transferred Care ☐ Treated Refused Trans. ☐ Refused Care ☐ Death On Scene ☐ No Patient Found ☐ DNRO ☐ Interfacility Transfer

Date 11/01/03 Call Received 11:57 Pt. Contact 131 Unit Depart 131 ID # 131 Study 131 Depart 131 Trans. Arrived 131 Arrived 131 Arrival 131 Patient Depart 131 Available 131 Number of Patient Transported 131

License # 131 Dispatch 131 Alert Time 131 Mileage 131

Incident Location 131 Incident Zip Code 131

PATIENT INFO

Patient Last Name 131 Patient First Name 131 MI 131 Patient Address 131 Apt. # 131 City 131 State 131 Zip Code 131 Social Security/Medicare Number 131 Date of Birth 131 Age 131 Patient # 131 Ethnic Origin ☐ White ☐ Black ☐ Hispanic White ☐ Hispanic Non-White ☐ Native American ☐ Asian/PI ☐ Other ☐ Unknown

PATIENT ASSESSMENT

Chief Complaint 131 Allergies ☐ None ☐ Unk. 131 Meds ☐ None ☐ Unk. 131

Initial Vitals Time Taken 131 Systolic 131 Diastolic 131 Capillary Refill ☐ <2 sec ☐ >2 sec 131 Pulse 131 Resp. 131 Glucose 131 SeO2 131 PUPILS Left ☐ Normal ☐ Dilated ☐ Constricted ☐ Reactive ☐ Non-Reactive Right ☐ Normal ☐ Dilated ☐ Constricted ☐ Reactive ☐ Non-Reactive

Medical History ☐ Asthma ☐ Cardiac ☐ Diabetes ☐ HBV ☐ Renal ☐ Stroke ☐ NONE ☐ BP ☐ CHF ☐ Drugs ☐ HIV ☐ Seizures ☐ TB ☐ Cancer ☐ COPD ☐ ETOH ☐ Psych ☐ Sickle Cell ☐ Other 131

Airway ☐ Patent ☐ Obstructed Breathing ☐ Normal ☐ Labored ☐ Rapid ☐ Shallow ☐ Absent Breath Sounds ☐ Equal ☐ Unequal ☐ Normal ☐ Rales ☐ Wheezes ☐ Rhonchi Circulation ☐ Normal ☐ Weak ☐ Bounding ☐ Irregular ☐ Absent Location ☐ Radial ☐ Carotid ☐ Other Skin Perfusion ☐ Normal ☐ Pale ☐ Flushed ☐ Cyanotic ☐ Other Skin Moisture ☐ Normal ☐ Diaphoretic ☐ Other Eyes ☐ Spont. ☐ Voice ☐ Pain ☐ None Glasgow Coma Scale Verbal ☐ Oriented ☐ Confused ☐ Inappropriate ☐ Garbled ☐ None Motor ☐ Obeys ☐ Localize ☐ Withdraw ☐ Flexion ☐ Extension ☐ None

VITALS

TIME	PULSE	RESP.	B/P	GLUCOSE	SeO2	ETCO2	TREATMENT	DOSE	ROUTE	COMMENTS/RESPONSE/ECG
11:00	110	18	110/70	131	96					
11:05	110	18	110/70	131	96					
11:10	110	18	110/70	131	96					
11:15	110	18	110/70	131	96					
11:20	110	18	110/70	131	96					
11:25	110	18	110/70	131	96					
11:30	110	18	110/70	131	96					
11:35	110	18	110/70	131	96					
11:40	110	18	110/70	131	96					
11:45	110	18	110/70	131	96					
11:50	110	18	110/70	131	96					
11:55	110	18	110/70	131	96					
12:00	110	18	110/70	131	96					

POOR QUALITY ORIGINAL

00109519

# MIAMI-DADE FIRE RESCUE

INTERVENTIONS

TRAUMA INFO

NARRATIVE

<b>ECG</b> Init Rel. <input type="checkbox"/> Asystole <input type="checkbox"/> Atrial Arrhythmia <input type="checkbox"/> Bradycardia <input type="checkbox"/> Heart Block <input type="checkbox"/> Paced <input type="checkbox"/> PVC's <input type="checkbox"/> Sinus <input type="checkbox"/> SVT <input type="checkbox"/> Tachycardia <input type="checkbox"/> Ventricular Fib. <input type="checkbox"/> V-TACH		<b>Airway Interventions</b> Attempts 1 2 3+ Unsuc. Cric <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Decomp <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> NPI <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> OP/NP <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> OTI <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Position <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Suction <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Thrusts <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Mask <input type="checkbox"/> Neb. <input type="checkbox"/> LPM N/C <input type="checkbox"/> BVM <input type="checkbox"/>		<b>Circulation Interventions</b> AED/SAED <input type="checkbox"/> Cardiac Monitor <input type="checkbox"/> Cardiovert <input type="checkbox"/> CPR <input type="checkbox"/> Defib (Exc. AED) <input type="checkbox"/> Ext. Pacing <input type="checkbox"/> 3 Lead EKG <input type="checkbox"/> 12 Lead EKG <input type="checkbox"/> MCI <input type="checkbox"/> Incapacitated <input type="checkbox"/>		<b>Secondary Interventions</b> Backboard <input type="checkbox"/> Irrigation <input type="checkbox"/> Bandage <input type="checkbox"/> Manual Imm. <input type="checkbox"/> Bleed Control <input type="checkbox"/> NG Tube <input type="checkbox"/> Blood Drawn <input type="checkbox"/> OB/Delivery <input type="checkbox"/> Blood Glucose <input type="checkbox"/> Padi Pac <input type="checkbox"/> Burn Care <input type="checkbox"/> Restraints <input type="checkbox"/> CID <input type="checkbox"/> Splint <input type="checkbox"/> Injection <input type="checkbox"/> Traction <input type="checkbox"/> I/O <input type="checkbox"/> Vol. Resuscitation <input type="checkbox"/> Comm. Svc. Ref <input type="checkbox"/>		<b>IV</b> 1 2 3+ Unsuc. N.S. <input type="checkbox"/> N.S. <input type="checkbox"/> Other <input type="checkbox"/> Other <input type="checkbox"/> CC <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> CC <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <b>Medications</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
--	--	--	--	--	--	--	--	--	--

AED only Prior to EMS <input type="checkbox"/>	CPR only by EMS <input type="checkbox"/>	Shockable Rhythm Present Yes <input type="checkbox"/> No <input type="checkbox"/>
AED & CPR prior to EMS <input type="checkbox"/>	AED administered prior to EMS & ROSC at ER	Shockable Rhythm Present Yes <input type="checkbox"/> No <input type="checkbox"/>
CPR only prior to EMS <input type="checkbox"/>	AED administered by EMS & ROSC at ER	Shockable Rhythm Present Yes <input type="checkbox"/> No <input type="checkbox"/>
AED only by EMS <input type="checkbox"/>	No AED administered and ROSC at ER	Shockable Rhythm Present Yes <input type="checkbox"/> No <input type="checkbox"/>
AED & CPR by EMS <input type="checkbox"/>	ROSC Present at ER	Shockable Rhythm Present Yes <input type="checkbox"/> No <input type="checkbox"/>

<b>Injury Site/Type (Choose up to 5)</b> <input type="checkbox"/> None <table border="1"> <tr> <td></td> <td>Amputation</td> <td>Soft Tissue Swelling</td> <td>Puncture/Stub</td> <td>Pen w/o swelling/bruise</td> <td>Laceration</td> <td>Gunshot</td> <td>Dislocation/Fx</td> <td>Crush</td> <td>Burn Injury</td> </tr> <tr> <td>Head</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Face</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Neck</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Thorax</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Spine</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Abdomen</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>External</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Lower Ext.</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Upper Ext.</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Body Injury</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Unspecified</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>			Amputation	Soft Tissue Swelling	Puncture/Stub	Pen w/o swelling/bruise	Laceration	Gunshot	Dislocation/Fx	Crush	Burn Injury	Head	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Face	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Neck	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Thorax	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Spine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Abdomen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	External	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lower Ext.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Upper Ext.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Body Injury	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Unspecified	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Patient Protection</b> <input type="checkbox"/> Lap Belt <input type="checkbox"/> Shoulder Belt <input type="checkbox"/> Lap/Shoulder <input type="checkbox"/> Airbag (inflated) <input type="checkbox"/> Safety Seat <input type="checkbox"/> Helmet <input type="checkbox"/> Eye Protect <input type="checkbox"/> Protect Other <input type="checkbox"/> Clothing <input type="checkbox"/> PFD <input type="checkbox"/> Not Avail. <input type="checkbox"/> Not Used		<b>Adult Category #1</b> <input type="checkbox"/> Active Airway Assist <input type="checkbox"/> BMR $\leq 4$ , Paralysis, GCS $\leq 12$ <input type="checkbox"/> No radial pulse with HR $> 120$ or SBP $< 90$ mmHg <input type="checkbox"/> 2 or more long bone fx sites <input type="checkbox"/> 2" or 3" Burns $\geq 15\%$ TBSA, or amputation at proximal to wrist or ankle or penetrating injury to head, neck, torso <b>Adult Category #2</b> <input type="checkbox"/> $\geq 55$ years old <input type="checkbox"/> Respiratory rate $\geq 30$ <input type="checkbox"/> BMR 5 <input type="checkbox"/> Sustained heart rate $\geq 120$ <input type="checkbox"/> Any long bone fx. from MVC or fall $\geq 10$ feet <input type="checkbox"/> Major degloving injury, or major flap avulsion $> 5$ inches, or GSW to the extremities <input type="checkbox"/> Ejection from MV, or steering wheel deformity		<b>Pediatric Category #1</b> <input type="checkbox"/> Ejection from motor vehicle <input type="checkbox"/> Ventilatory Assisted <input type="checkbox"/> Altered Mental State <input type="checkbox"/> Paralysis or suspected Spinal Cord Injury <input type="checkbox"/> Faint or non-palpable radial or femoral pulse and/or BP $< 50$ <input type="checkbox"/> Any open long bone fx multiple fx sites, multiple dislocations, or pelvic fx <input type="checkbox"/> Major tissue disruption or amputation <input type="checkbox"/> 2nd or 3rd Degree to 10% or more of body surface <input type="checkbox"/> Penetrating injury to head, neck or torso <b>Pediatric Category #2</b> <input type="checkbox"/> $\leq 11$ Kg (24 lbs), red or purple on Broselow Tape <input type="checkbox"/> Amnesia or any reliable hox. of LOC <input type="checkbox"/> Carotid or femoral pulses but no radial; includes SBP 50-90mmHg and/or cap refill $> 3$ sec <input type="checkbox"/> Single, closed long bone	
	Amputation	Soft Tissue Swelling	Puncture/Stub	Pen w/o swelling/bruise	Laceration	Gunshot	Dislocation/Fx	Crush	Burn Injury																																																																																																																						
Head	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																						
Face	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																						
Neck	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																						
Thorax	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																						
Spine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																						
Abdomen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																						
External	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																						
Lower Ext.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																						
Upper Ext.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																						
Body Injury	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																						
Unspecified	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																						
Cause of Injury <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> Paramedic Judgement PEDI. <input type="checkbox"/> Paramedic Judgement ADULT																																																																																																																													
Date of Injury <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>																																																																																																																															

POOR QUALITY ORIGINAL

Provider Assessment <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Lead Crew Member (Signature) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		Lead Crew Member (Print) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		Reviewer (Print & Initial) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
--	---	--	---	--	---	--

Baptist Hospital  
8900 North Kendall Drive  
Miami, Florida 33176

MENDES, JOSEPH  
1707982

FELIPE A. DELVALLE, MD

## Discharge Summary

### Please Note:

DICTATOR/ATTENDING NAME NOT DOCUMENTED: CANNOT MAKE OUT DICTATOR  
NAME

1 NOTE BLANK IN REPORT ON LINE # 27

2 NOTE BLANK IN REPORT ON LINE # 37

3 NOTE BLANK IN REPORT ON LINE # 91 dictator name goes here

Discharge Summary



**Baptist  
Hospital**

Baptist Health Systems  
Baptist Hospital  
History and Physical

1707982 M 65 04/26/38  
MENDES, JOSEPH  
VAZQUEZ, CARLOS A EDA  
723953790 01/08/04 IA

☒ Complete H & P included elsewhere in Patient Medical Record

No change from attached H & P ☐ Yes ☐ No ☐ NA

Chief Complaint/Details of Illness	
<b>HISTORY</b>	Medications <input type="checkbox"/> NA
	Allergies <input type="checkbox"/> NKA <input type="checkbox"/> Latex <input type="checkbox"/> Medications/Food (List)
	Previous Surgery/Procedures <input type="checkbox"/> NA
	Review of Systems Neuro <input type="checkbox"/> WNL <input type="checkbox"/> Abnormal Note _____ Cardiovascular <input type="checkbox"/> WNL <input type="checkbox"/> Abnormal Note _____ Peripheral Vascular <input type="checkbox"/> WNL <input type="checkbox"/> Abnormal Note _____ Pulmonary <input type="checkbox"/> WNL <input type="checkbox"/> Abnormal Note _____ Gastrointestinal <input type="checkbox"/> WNL <input type="checkbox"/> Abnormal Note _____ Genitourinary <input type="checkbox"/> WNL <input type="checkbox"/> Abnormal Note _____ Endocrine <input type="checkbox"/> WNL <input type="checkbox"/> Abnormal Note _____ Hematologic/Immunologic <input type="checkbox"/> WNL <input type="checkbox"/> Abnormal Note _____ Psychosocial <input type="checkbox"/> WNL <input type="checkbox"/> Abnormal Note _____ Other _____
	Family History (to include Relevant past, social, cultural and family history)
	Physical Findings General <input type="checkbox"/> WNL <input type="checkbox"/> Abnormal Note _____ Head <input type="checkbox"/> WNL <input type="checkbox"/> Abnormal Note _____ Neck <input type="checkbox"/> WNL <input type="checkbox"/> Abnormal Note _____ Heart <input type="checkbox"/> WNL <input type="checkbox"/> Abnormal Note _____ Lungs <input type="checkbox"/> WNL <input type="checkbox"/> Abnormal Note _____ Abdomen <input type="checkbox"/> WNL <input type="checkbox"/> Abnormal Note _____ Peripheral Pulses <input type="checkbox"/> WNL <input type="checkbox"/> Abnormal Note _____ Other _____
Clinical Diagnosis <i>HEC</i>	
Indications for Admission <i>Fr CVA</i>	
Proposed Treatment Plan	
Signature _____ Date <i>1/13/02</i> Time	
Physician Signature <i>[Signature]</i> Date _____ Time	

DO NOT WRITE IN THIS SPACE



\*00900BF3173\*

Form# 3173 Rev. 01/98



Baptist Health Systems  
Baptist Hospital  
History and Physical

ADM NOTE

1707982 M 65 04/26/38  
MENDES, JOSEPH  
VAZQUEZ, CARLOS A EDA  
723953790 01/08/04 IA

☒ Complete H & P included elsewhere in Patient Medical Record

No change from attached H & P ☐ Yes ☐ No ☐ NA

Chief Complaint/Details of Illness		Weakness @ side, slurred speech, unsteady gait found on the floor	
HISTORY	Medications	<input type="checkbox"/> NA Prednisone, Voltaren, Advair, Serenid, Nexium Narcole	
	Allergies	<input type="checkbox"/> NKA <input type="checkbox"/> Latex <input checked="" type="checkbox"/> Medications/Food (List) PCN	
	Previous Surgery/Procedures	<input type="checkbox"/> NA	
	Review of Systems	Neuro <input type="checkbox"/> WNL <input checked="" type="checkbox"/> Abnormal Note @ sided weakness, slurred speech Cardiovascular <input checked="" type="checkbox"/> WNL <input type="checkbox"/> Abnormal Note Peripheral Vascular <input checked="" type="checkbox"/> WNL <input type="checkbox"/> Abnormal Note Pulmonary <input type="checkbox"/> WNL <input checked="" type="checkbox"/> Abnormal Note SOB, wheezing Gastrointestinal <input checked="" type="checkbox"/> WNL <input type="checkbox"/> Abnormal Note Genitourinary <input checked="" type="checkbox"/> WNL <input type="checkbox"/> Abnormal Note Endocrine <input checked="" type="checkbox"/> WNL <input type="checkbox"/> Abnormal Note Hematologic/Immunologic <input checked="" type="checkbox"/> WNL <input type="checkbox"/> Abnormal Note Psychosocial <input checked="" type="checkbox"/> WNL <input type="checkbox"/> Abnormal Note Other	
	Family History (to include Relevant past, social, cultural and family history)	Hx of Pseudo tumor cerebri	
	EXAM	Physical Findings	General <input checked="" type="checkbox"/> WNL <input type="checkbox"/> Abnormal Note Head <input checked="" type="checkbox"/> WNL <input type="checkbox"/> Abnormal Note Neck <input checked="" type="checkbox"/> WNL <input type="checkbox"/> Abnormal Note Heart <input checked="" type="checkbox"/> WNL <input type="checkbox"/> Abnormal Note Lungs <input checked="" type="checkbox"/> WNL <input type="checkbox"/> Abnormal Note Abdomen <input checked="" type="checkbox"/> WNL <input type="checkbox"/> Abnormal Note Peripheral Pulses <input checked="" type="checkbox"/> WNL <input type="checkbox"/> Abnormal Note Other @ sided hemiparesis u/l 4+ drift 4+ dysmetria
Clinical Diagnosis		Acute CVA @ hemiparesis Pseudotumor	
Indications for Admission			
Proposed Treatment Plan		NLT/Neuro eval/telemetry/RAA -> Angiox PT/Rehab ✓ echo varicella w/n	
Signature		Date 1/8/4	Time 4:20 PM
Physician Signature		Date 1/8/4	Time 4:20 PM



\*00900BF3173\*

Form #3173 (Rev. 08/02)



Baptist Hospital  
of Miami

1707982 M 65 04/26/36  
MENDES, JOSEPH  
MISC ER DOCTOR  
723953790 01/08/04  
EMR  
ET

CONSULTATION REPORT

Date of Request

1/8/4

Consulting Service or Physician

Imprint Patient Name

Neurology

Reason for Request

(L) side weakness

Dr. Vazquez

Signature of physician requesting consult

Consultant debated

CUS: (-), TCD: (-)

Imp:

- (R) CUA = (L) hemiparesis, neglect, (L) HH ?
- H/O ↑ cholesterol
- H/O orbital pseudotumor OD

Rec: ✓ MRI, EEG, Echo

- labs as ordered

- Aggrenox

- Rehab efforts.

DO NOT WRITE IN THIS SPACE



011008498

Date

1/8/4

Signed By

N. Faradji

595-4041

498 REV. 9/02

DISTRIBUTION: WHITE - MEDICAL RECORDS PINK - CONSULTANT



# Baptist Hospital of Miami

## CONSULTATION REPORT

1707982 M 65 04/26/38  
MENDES, JOSEPH  
VAZQUEZ, CARLOS A EDA  
723953790 01/08/04 IA

Imprint Patient Name

Date of Request 01-12-2004 Consulting Service or Physician Dr. Lembocke

Reason for Request cardiovascular evaluation

Signature of physician requesting consult

### Impression:

- ① @ CVA & residual @ hemiparesis
- @ dyslipidemia
- ③ @ Eye Tumor
- @ GERD
- @ asthma

plan: ① recommend performing a Transesophageal  
Echocardiogram to evaluate for possible  
CVA etiology.

② aggressive lipid lowering for goal  
LDL < 100 mg/dL.

③ cont. aspirin / ASA to decrease platelet  
aggregation  
Needs a TEE  
to Echocardiogram  
intracardiac source of  
emboli.

DO NOT WRITE IN THIS SPACE



011008498

Date

11/12/04

Signed By

Tammy Perez



Baptist Hospital  
8900 North Kendall Drive  
Miami, Florida 33176

4116

723953790

MENDES, JOSEPH  
1707982

VICTOR H. FARADJI, MD

## Consultation Report

Date of Consultation: 01/08/2004

Referring Physician: DR. VAZQUEZ

REASON FOR REQUEST: Neurological consultation.

### HISTORY OF PRESENT ILLNESS:

The patient is a 65-year-old man seen in neurological consultation at the request of Dr. Vazquez. The consultation is requested because of symptoms which started at approximately 6:00 p.m. yesterday consisting of feeling lightheaded and off balance. He was having slurring of his speech and left-sided weakness. He was taken to the emergency room via Fire Rescue at approximately 1:00 in the morning. Since then, the wife and patient report some improvement.

### PAST MEDICAL HISTORY:

He has a past medical history significant for an orbital pseudotumor and also hypercholesterolemia.

### ALLERGIES:

Penicillin.

### MEDICATIONS ON ADMISSION:

1. Prednisone.
2. Eyedrops, including Voltaren eyedrops.
3. Serevent inhaler.
4. Nasonex nasal spray.
5. Nexium.
6. Singulair.

### PAST SURGICAL HISTORY:

1. Cataract surgery in the right eye.
2. Laser surgery.

### SOCIAL HISTORY:

He is married. He works as a businessman. No smoking is reported.

### REVIEW OF SYSTEMS:

No shortness of breath, nausea, or vomiting.

### PHYSICAL EXAMINATION:

## Consultation Report

Continued

Baptist Hospital  
8900 North Kendall Drive  
Miami, Florida 33176

MENDES, JOSEPH  
1707982

VICTOR H. FARADJI, MD

## Consultation Report

- 2 -

NECK: On general examination, carotid auscultation revealed no bruits.

VITAL SIGNS: He was afebrile with stable vital signs.

### NEUROLOGICAL EXAMINATION:

MENTAL STATUS: On neurological examination, he was alert and fully oriented. Speech was slightly dysarthric, but language function appeared normal.

CRANIAL NERVES: On cranial nerve examination, the visual fields revealed evidence of a left homonymous hemianopsia. His right pupil was irregular post iridectomy and larger than the left. Both were reactive. His extraocular muscles appeared intact. The face revealed left facial central weakness. The palate elevates symmetrically. The tongue is midline.

MOTOR: The motor exam revealed right hemiparesis with strength in the right upper extremity graded at approximately 4-/5. The right lower extremity was approximately 4/5.

SENSORY: The sensory examination revealed mildly diminished sensation on the left, particularly noticed during double simultaneous sensory stimulation.

DEEP TENDON REFLEXES: His deep tendon reflexes were 2+ at the knees bilaterally. The plantar response was equivocal on the left and flexor on the right.

GAIT: He required assistance to stand. He ambulated with diminished balance if help was provided and with some limping on the left lower extremity.

OTHER: No tremor or abnormal spontaneous involuntary movements.

### RADIOLOGY DATA:

A CT scan of the brain was performed yesterday revealing no acute changes. He also had a carotid ultrasound, which revealed no hemodynamically significant stenosis. A

## Consultation Report

Continued

Baptist Hospital  
8900 North Kendall Drive  
Miami, Florida 33176

MENDES, JOSEPH  
1707982

VICTOR H. FARADJI, MD

## Consultation Report

- 3 -

transcranial Doppler was limited but negative. An MRI and EEG have been completed, but no results are available. An echocardiogram is pending to be done.

### IMPRESSION:

1. Right hemispheric stroke with left hemiparesis and neglect and left homonymous hemianopsia, etiology to be determined with the main risk factor appearing to be that of hypercholesterolemia.
2. History of orbital pseudotumor in the right eye.

### RECOMMENDATIONS:

1. Will review the results of the MRI, EEG, and echo once available.
2. I have requested additional laboratory tests for a cerebrovascular disease workup.
3. Recommend to initiate rehabilitation efforts and Aggrenox one tablet twice per day.

Thank you for allowing me to participate in the care of your patient.

ELECTRONICALLY SIGNED BY  
FARADJI, VICTOR H - 24125

VHF:MT350 1596114  
D:01/08/2004 T:01/09/2004  
MedQuist, Inc.

---

VICTOR H. FARADJI, MD

Consultation Report



1707982 M 65 04/26/38  
MENDES, JOSEPH  
VAZQUEZ, CARLOS A EDA  
723953790 01/08/04 IA

## Procedure Record

Date 1/13/04 Time of arrival to PCU \_\_\_\_\_ Room \_\_\_\_\_ ☒ Inpatient ☐ Outpatient Height 5'7 Weight 170  
Procedure \_\_\_\_\_

☐ Arrived on O<sub>2</sub> Type \_\_\_\_\_ ☐ Arrived on ventilator Dialysis ☐ Yes ☐ No If yes, last treatment \_\_\_\_\_  
Date/Time of last ingested clear liquid \_\_\_\_\_ Date/Time of last ingested milk/solids \_\_\_\_\_  
Last menstrual period \_\_\_\_\_ ☐ N/A Is it possible you are pregnant? ☐ N/A ☐ No ☐ Yes If yes, Dr. \_\_\_\_\_ notified

Time _____ Cardiac Rhythm _____		Significant Laboratory Data		Allergies <u>PCU</u>	
Vital Signs: Temp _____ P _____ R _____ O <sub>2</sub> Sat _____ BP: L _____ R _____		Lab	Date	Result	<input checked="" type="checkbox"/> Verified per initial assessment
LOC: <input type="checkbox"/> Alert <input type="checkbox"/> Confused <input type="checkbox"/> Lethargic <input type="checkbox"/> Comatose		WBC		<u>13.9.3</u>	<input type="checkbox"/> N/A <input type="checkbox"/> Yes Allergy Band applied?
Glucose Normal fasting blood sugar is 60-110 mg/dl. 2 hr. pc < 140 mg/dl.		Hgb		<u>16.2</u>	<input type="checkbox"/> No <input type="checkbox"/> Yes Received contrast previously?
		Hct		<u>47.3</u>	<input type="checkbox"/> No <input type="checkbox"/> Yes Previous contrast reaction?
		Platelets		<u>318</u>	Reaction: _____
Pre-op Checklist (check when completed)		K <sup>+</sup>	<u>4.3</u>	<u>4.2</u>	Pulse Criteria
ID confirmed/2 identifiers	<input checked="" type="checkbox"/>	Na	<u>138</u>	<u>93</u>	2 = Strong palpable
History & physical on chart	<input checked="" type="checkbox"/>	Glucose		<u>21</u>	1 = Weak palpable
Pre/Post Proc Medical Assessment	<input checked="" type="checkbox"/>	BUN		<u>0.9</u>	2D = Strong Doppler
Informed consent	<input checked="" type="checkbox"/>	Creatinine		<u>13.6/1.7</u>	1D = Weak Doppler
Lab results	<input checked="" type="checkbox"/>	PT/INR	<u>1-1</u>	<u>58.2</u>	0 = None
Initial assessment	<input checked="" type="checkbox"/>	PTT	<u>1-12</u>		6 = Brisk
ECG/X-ray	<input checked="" type="checkbox"/>	Hop			7 = Thrill
Pre-procedure education	<input type="checkbox"/>				N/A = Not applicable
Seen by physician	<u>Dr. Lembecke</u>				Allen's Test
Surrogate/Proxy	Name: _____ Phone No. _____				● = Good flow
Disposition of belongings:		Pertinent Medications			
<input type="checkbox"/> Given to family		Medication	Dose	Time of Last Dose	
<input type="checkbox"/> Given to Security					
<input type="checkbox"/> Patient retained. Describe: _____					

### Nursing Plan of Care

Nursing Diagnosis: Anxiety related to procedure

Goal Reduce Anxiety

- AN Nursing actions explained to patient/significant other.  
AN Patient encouraged to ask questions/verbalize concerns. All questions answered.  
AN Pre-procedure/treatment teaching done/reinforced.

Outcome

AN Demonstrates adaptive coping mechanism.

RN Signature [Signature]



# Miami Cardiac & Vascular Institute

1707982 M 65 04/26/38  
MENDES, JOSEPH  
VAZQUEZ, CARLOS A EDA  
723953790 01/08/04 IA

## Procedure Record

Date 1/13/04 Cine No. \_\_\_\_\_

Procedure room number	<u>4354</u>	Time MD arrived in room	<u>1600</u>	Physician:	<u>DR Lenbecke</u>
Time patient arrived in room	<u>1610</u>	Time MD completed exam	<u>1647</u>	Physician:	
Time MD notified	<u>present @ 1558</u>	Time patient departed procedure room		<input type="checkbox"/> Standby physician notified	

IV access obtained in PCU/Room Gauge \_\_\_\_\_ Site \_\_\_\_\_ By \_\_\_\_\_  
For inpatient only - Received with IV? ☐ Yes ☐ No  
If yes, complete the following:  
IV Site (2) forearm because 900umish  
☒ Patent, no redness or swelling  
☐ Not patent, see extended notes

Received with drainage tube? ☐ Yes ☐ No  
If yes, complete the following:  
Type of drainage tube \_\_\_\_\_  
☐ Patent, no redness or swelling  
☐ Not patent, see extended notes

Access Site Description: ☐ Clean and Dry ☐ Reddened ☐ Skin Broken ☐ Rash ☐ Other  
Site prepped by DR Lenbecke T Betadine Prep Solution: ☐ Betadine ☐ Betagel ☐ Bactoshield ☐ Other  
Padding placed over bony prominence: ☐ Yes ☐ No Safety strap applied: ☐ Yes ☐ No Patient position: ☐ Supine ☐ Prone  
Shielding applied over reproductive organs: ☐ Yes ☐ No ☐ N/A

Time	ACT Intraprocedure: 200-350 sec. Line removal: Below 200 sec.	Time	Time	Time
		Result	Result	Result
	Results in sec.			

Received with lines Fr. Size	Access Site	Puncture Retrograde = R Antegrade = A	Local Anesthesia	Amount Given	In Time Fr. Size

☐ Specimen sent to Lab: Type \_\_\_\_\_

Staff	Contrast					
	Contrast Used			Bottle Opened		
Prep Nurse: <u>Anton Biala</u>	Type	Injector	Table	Contrast	I	T
Procedure Nurse: <u>Maria Tushnvi</u>	Ionic			50 cc		
Scrub:	Non-ionic			100 cc		
Circulator:	Hexabrix			150 cc		
Monitor:	Other			200 cc		
	Total Contrast			Waste		
Fluoro Time: _____						



RN Signature AB Biala



# Miami Cardiac & Vascular Institute

1707982 M 65 04/26/38  
MENDES, JOSEPH  
VAZQUEZ, CARLOS A EDA  
723953790 01/08/04 IA

## Procedure Record

Date 1/13/04 Cine No. \_\_\_\_\_

- ☐ Re-evaluation immediately prior to sedation. Time \_\_\_\_\_ HR \_\_\_\_\_ B/P \_\_\_\_\_ Resp \_\_\_\_\_ O<sub>2</sub> Sat. \_\_\_\_\_ Pain Score \_\_\_\_\_
- ☐ Condition unchanged.
- ☐ Condition changed, see nurse's notes.

Medication Record						Vital Signs									
Effect: S = successful U = unsuccessful						✓ Distal pulses No change from pre-procedure.									
						Pain Intensity Scale 0 None 2 Mild 4 Moderate 6 Severe 8 Very Severe 10 Worst Possible									
						✓ Access Site No bleeding or hematoma.									
Time	Medication	Dose	Route	Effect	Initials	Time	HR	Cuff BP	Arterial Pressure	Resp	O <sub>2</sub> Sat	Access Site ✓	Distal Pulse ✓	Pain Score	Other
1635	Fentanyl	25mg	IV	US	ABW	1655	77	136/91	✓	16	100	✓	✓	0/10	2L
1650	Versed	1m	IV	US	ABW	1628	79	142/86	✓	16	100	✓	✓	0/10	
1637	Versed	1m	IV	S	ABW	1634	94	159/64	✓	18	100	✓	N/A	0/10	
						1637	105	143/46	✓	16	93%	✓	✓	0/10	
						1642	105	142/104	✓	20	95	✓	✓	0/10	
						1647	96	171/104	✓	20	96	✓	✓	0/10	
						1652	87	159/89	✓	18	97	✓	✓	0/10	
						1654	88	151/92	✓	18	97	✓	✓	0/10	
						1655	105	145/91	✓	18	97	✓	✓	0/10	
						1658	85	114/83	✓	16	97	✓	✓	0/10	
						1703	82	133/83	✓	16	96	✓	✓	0/10	
						1730	78	142/84	✓	16	97	✓	✓	0/10	
						1735	78	131/84	✓		97	✓	✓		
						RN Signature		Initials		RN Signature		Initials			
						ABW		ABW							





# Miami Cardiac & Vascular Institute

1707982 M 65 04/26/38  
MENDES, JOSEPH  
VAZQUEZ, CARLOS A EDA  
723953790 01/08/04 IA

## Procedure Record

Date 1/13/04 Cine No. \_\_\_\_\_

### Nursing Plan of Care

Nursing Diagnosis: Alteration in tissue perfusion

**Goal** Maintain optimal tissue perfusion for patient/procedure  
M Patient positioned for procedure to maintain optimal tissue perfusion, respiratory status, and nerve integrity.  
M Patient's tissue perfusion maintained by monitoring hemodynamic status and intervening when needed.  
M Patient's neurovascular status monitored throughout procedure.  
M Patient's tissue perfusion maintained by administering/evaluating vasoactive medications.

#### Outcome

\_\_\_\_\_ Patient demonstrates improvement in tissue perfusion or no further deterioration.  
\_\_\_\_\_ Patient's neurovascular status improved or maintained.

#### INTAKE

#### OUTPUT

Time	Site	IV Solution	PO	Total	Time	Urine	Emesis	Other
11:00	RAC	1/2 NS 500		30				

Procedure Count Bovie# \_\_\_\_\_ Settings ☐ Cut \_\_\_\_\_ ☐ Coag \_\_\_\_\_ Grounding Pad Site \_\_\_\_\_

Skin integrity Post-procedure Clear ☐ Yes ☐ No If no, describe \_\_\_\_\_

Counts ☐ Correct ☐ Incorrect If incorrect, x-ray taken? ☐ Yes ☐ No Results \_\_\_\_\_

Read by \_\_\_\_\_ MD notified \_\_\_\_\_

Signatures: Scrub \_\_\_\_\_ RN Circulator \_\_\_\_\_

Lines Secured	Lines D/C	Lines D/C by Whom?	Closure Device

**Hemostasis:**  
Manual \_\_\_\_\_ Min.  
Fem Stop \_\_\_\_\_ Min.

**Dressing:**  
Pressure ☐ No ☐ Yes  
Band-Aid ☐ No ☐ Yes  
Tegaderm ☐ No ☐ Yes

RN Signature \_\_\_\_\_  
RN Signature [Signature]





# Miami Cardiac Vascular Institute

1707982 M 65 04/26/38  
MENDES, JOSEPH  
VAZQUEZ, CARLOS A EDA  
723953790 01/08/04 IA

## Procedure Record

Date

1/13/04

Time	Nurse's Notes	Nurse's Initials
1610	into Rm 4334. alert oriented x3. aware planned TEE	h
	Dr Lembke in verified procedure. placed on monitor	h
	SR @ electroly. warm/dry color pink. N perianal area hr via @	h
1620	ready for procedure. Dr in room 022 LNK	h
1633	Cetorune spray by Dr Lembke	h
1635	pedal reflex to strong reflex - SR - ST no delay	h
1642	probe passed to Dr Lembke SR HR 90	h
1645	echo in progress + gag reflex, awake follow commands	h
1646	- bubble test in progress - SR. O2 sat adequate	h
1647	probe stuck. MP - SR. HR mid 80 - to low 90's. no resp distress	h
1647	airway suctioned, airway patent	h
1650	sleepy now. SR @ electroly. warm/dry pink	h
1656	awake alert + oriented. SR @ electroly. pink warm/dry	h
1700	alert oriented x3. SR @ electroly. O2 sat 91% on R mask	h
1715	alert oriented x3. SR. warm/dry. no C/O of	h
	discomfort. perianal maintained @ good hr	h
1730	alert oriented x3 warm/dry. SR no electroly	h
1735	transferred to 4110	h

RN Signature

RN Signature

*[Signature]*







## Date \_\_\_\_\_

1/13/04

1707982 M 65 04/26/38  
MENDES, JOSEPH  
VAZQUEZ, CARLOS A EDA  
723953790 01/08/04 IA

[illegible]

**RN Signature.**

**RN Signature**



**Miar Cardiac  
Vascular Institute**

713

## Device Tracking Form

Date

1/13/04

(Place implant sticker in corresponding box)

Site _____	Site _____	Site _____
Site _____	Site _____	Site _____

RN Signature \_\_\_\_\_



02700BF1790\*

Page 7 of 8 • Form #1790 (04/03)



# Miami Cardiac & Vascular Institute

1707982 M 65 04/26/38  
MENDES, JOSEPH  
VAZQUEZ, CARLOS A EDA  
723953790 01/08/04 IA

## Procedure Record

Date 4/13/04

### Post Procedure Nursing Plan of Care

Nursing Diagnosis: Impaired gas exchange/pain/knowledge of deficit

Goal Optimal gas exchange, physical and emotional and understanding of post-procedure teaching

Respiratory rate, depth, oxygen saturation, vital signs, and level of consciousness assessed.

Safety measures initiated as necessary.

Comfort measures provided.

Post-procedure/discharge teaching done.

#### Recovery/Discharge Outcomes

Patient maintained optimal neurologic and cardiopulmonary functions.

Patient is awake and cognizant of surroundings.

Patient emerged from sedation without complication.

None or minimal discomfort.

Patient/family/SO demonstrates understanding of post-procedure teaching.

Post Anesthesia Recovery Score (PARS)		Post Proc.	Modified Post Anesthesia Discharge Score (for Outpatients) (MPAD)		Discharge
Activity	Score	D/C	Score		
0 = Unable to lift head or move extremities. 1 = Moves two extremities voluntarily or on command and can lift head. 2 = Able to move four extremities voluntarily or on command. Can lift head.	2	2	Vital Signs 0 = Within 40% or > of pre-sedation levels. 1 = Within 20%-40%. 2 = Within 20%.		
Respiration 0 = Apneic. Condition necessitates ventilator or assisted respiration. 1 = Labored or limited respirations. May have mechanical airway. 2 = Can take a deep breath and cough well. Has normal respiratory rate and depth.	2	2	Pain 0 = Severe (8-10). 1 = Moderate (4-7). 2 = Minimal/None (0-3).		
Circulation 0 = Has abnormally high or low BP (> 50% pre-sedation level). 1 = BP 20%-50% or pre-sedation level. 2 = Stable BP and pulse. (BP ≤ 20% of pre-sedation level).	2	2	Nausea and Vomiting 0 = Severe. 1 = Moderate. 2 = Minimal/None.		
Neurologic 0 = Not responding or responding to painful stimuli. 1 = Responds to verbal stimuli but drifts off to sleep easily. 2 = Awake, alert, oriented to time, place, and person.	2	2	Surgical Bleeding 0 = Severe. 1 = Moderate. 2 = Minimal/None.		
O <sub>2</sub> Sat 0 = O <sub>2</sub> saturation < 90% with O <sub>2</sub> supplement. 1 = Needs O <sub>2</sub> inhalation to maintain O <sub>2</sub> saturation > 90% or < 95%. 2 = Able to maintain pre-procedure O <sub>2</sub> saturation on room air or > 95% on O <sub>2</sub> .	2	2	Ambulation 0 = None/dizziness. 1 = With assistance. 2 = Steady gait/no dizziness (age appropriate).		
Post procedure time _____ Initials _____			Total Discharge Score (if applicable)		
Total Recovery Score					

IV discontinued at (time) \_\_\_\_\_

☐ No redness or swelling of site \_\_\_\_\_

☐ N/A

Satisfactory recovery course, protective reflexes intact.

Patient/family/SO given instructions or limitations of activities, potential behavior changes, dietary precautions and other pertinent procedure-specific directions.

Outpatient given printed discharge instructions including 24-hour contact phone number.

Outpatient discharged and released to a responsible adult.

☐ Patient discharged to (floor, bed#, home, etc.) 4110

☐ Belongings returned to patient/designee \_\_\_\_\_



Report given to V. Vazquez

Report given by ABW

Discharge RN ABW

Time of discharge 1735

02700RF1790\*

Page 8 of 8 • Form #1790 (04/03)

Baptist Hospital of Miami  
8900 North Kendall Drive Miami, FL 33176-2197  
Fri Jan 16, 2004 03:12 am

Discharge Cumulative Trend Report from 01/08/04 0115 to 01/14/04 0609

Patient Name: MENDES, JOSEPH All Sections-Page 1  
Med Rec #: 1707982 Adm: 01/08/04  
Dis Date: 01/15/04  
Phys-Service: VAZQUEZ, CARLOS A - ED ADMISSION  
Acct #: A72395379

\*\*\*\*\*

#### Hematology Panel

Results:	WBC	RBC	HGB	Hct	MCV	MCH	MCHC	PLT
Units:	th/cumm	mi/cumm	gm/dl	%	fl	ug	gm/dl	1000/mm3
Lo:	4.5	4.3	13.9	39	80	26	32	150
High:	11.0	5.9	16.3	55	100	35	36	400
01/14/04 0609	10.9	4.93	15.4	44.9	91.1	31.2	34.3	324
01/13/04 0615	9.3	5.20	16.2	47.3	91.0	31.2	34.2	318
01/12/04 0425	10.7	5.08	15.8	45.8	90.2	31.1	34.5	304
01/11/04 0430	11.6 H	5.06	15.8	46.0	90.9	31.2	34.3	320
01/10/04 0621	11.4 H	5.13	15.9	47.2	92.0	31.0	33.7	306
01/08/04 0115	9.0	4.69	14.9	42.9	91.5	31.8	34.7	284

#### Hematology Differential

Results:	Segs	Bands	Lymphs	Monos	Eos	Basos	Aty Lymph
Units:	%	%	%	%	%	%	%
01/08/04 0115	62		25	9	4	0	

#### Hematology - Other Tests

Results:	Retic	Sed Rat	Sickle	Eos Ct	LE Prep	HamTest	Heinz	SugarH2O
Units:	%	mm/Hr	Cell	/cmm			Bodies	
Lo:	0.5	0		0		Neg	Neg	Neg
High:	1.5	15		450				
01/08/04 0115		11						

EDWIN GOULD, M.D., DIRECTOR  
\*\* DO NOT DISCARD \*\*  
Discharge Cumulative Trend Report

MENDES, JOSEPH  
1707982  
DIS 01/15/04  
(M-04/26/38)  
Dr. VAZQUEZ, CARLOS A

Baptist Hospital of Miami  
8900 North Kendall Drive Miami, FL 33176-2197  
Fri Jan 16, 2004 03:12 am

Discharge Cumulative Trend Report from 01/08/04 0115 to 01/14/04 0609

Patient Name: MENDES,JOSEPH All Sections-Page 2  
Med Rec #: 1707982 Adm: 01/08/04  
Dis Date: 01/15/04  
Phys-Service: VAZQUEZ,CARLOS A - ED ADMISSION  
Acct #: A72395379

\*\*\*\*\*

#### Hemostasis/Thrombosis Profile 1

Results:	PT	INR	APTT	FIB LEVL	TT	Bld Tim	D-dimer
Units:	seconds	Therapeut	seconds	mg/dl	seconds	minutes	ug/ml
Lo:	11.5	2.0	23.2	232		1	
High:	15.0	3.0	36.4	497	<15	9	<0.5

01/14/04 0609			50.7	H
01/13/04 2201			55.2	H
01/13/04 1555			62.7	H
01/13/04 0930			74.6	H
01/12/04 0425			58.2	H
01/11/04 0430	13.6	1.0	L	
01/11/04 0430			56.4	H
01/10/04 0619	13.7	1.0	L	
01/10/04 0619			62.3	H
01/10/04 0045			53.7	H
01/08/04 0115	13.5	1.0	L	
01/08/04 0115			25.5	

#### Urinalysis - General

Results:	Color	Character	Spec Grav	Ur pH
Units:				pH Units
Lo:		Clear	1.002	5
High:			1.030	9
01/08/04 0255	yellow	clear	1.010	7.0

#### Urinalysis - Dipstick

Results:	Protein	Glucose	Ketone	Bili	Blood	Urobili	Nitrite	Leuk Est
Units:	mg/dl	mg/dl	mg/dl			E.U.		
Lo:	Neg	Neg	Neg	Neg	Neg	0.1	Neg	Neg
High:	30	250				1.0		
01/08/04 0255	neg	neg	neg	neg	neg	0.2	neg	neg

EDWIN GOULD, M.D., DIRECTOR  
\*\* DO NOT DISCARD \*\*  
Discharge Cumulative Trend Report

MENDES,JOSEPH  
1707982  
DIS01/15/04  
(M-04/26/38)  
Dr.VAZQUEZ,CARLOS A

Baptist Hospital of Miami  
8900 North Kendall Drive Miami, FL 33176-2197  
Fri Jan 16, 2004 03:12 am

Discharge Cumulative Trend Report from 01/08/04 0115 to 01/14/04 0609

Patient Name: MENDES, JOSEPH All Sections-Page 3  
Med Rec #: 1707982 Adm: 01/08/04  
Dis Date: 01/15/04  
Phys-Service: VAZQUEZ, CARLOS A - ED ADMISSION  
Acct #: A72395379

\*\*\*\*\*

### Urinalysis - Microscopic

Results:	WBCs	RBCs	Bact	Casts	S Epith	R Epith	Muc Thr	Crystals
Units:	/HPF	/HPF	/HPF	/LPF	/LPF	/LPF	/LPF	/HPF
Lo:	0	0						
High:	3	3						
01/08/04 0255	1-4	0-3	Few		Few		1+	

### Chemistry Profile I

Results:	Protein	Albumin	Calcium	Phosphor	Uric Acid	Creat
Units:	gm/dl	gm/dl	mg/dl	mg/dl	mg/dl	mg/dl
Lo:	5.9	3.2	8.5	2.5	3.4	0.4
High:	8.4	5.2	10.5	4.5	7.0	1.4
01/13/04 0615			9.5			0.9
01/08/04 0115	6.0	3.8				
01/08/04 0115						1.0

### Chemistry Profile II

Results:	SGOT	LDH	CK	Tot Bili	Alk Phos	Cholest
Units:	IU/L	U/L	U/L	mg/dl	IU/L	mg/dl
Lo:	7	90	10	0.2	22	120
High:	40	180	232	1.2	140	200
01/08/04 0115	20			0.9	63	
----- General Comments -----						
01/08/04 0115	HEPATIC FUNCTION PANEL-Bili Direct: 0.1					

### Chemistry Profile

Results:	Na	K	Chloride	CO2	Glucose	BUN	AnionGap
Units:	mmol/L	mmol/L	mmol/L	mmol/L	mg/dl	mg/dl	
Lo:	136	3.5	98	22	70	8	7
High:	145	5.1	107	32	126	26	17
01/13/04 0615	138	4.2	101	30	93	21	7.0
01/08/04 0115			105				
01/08/04 0115					115		

EDWIN GOULD, M.D., DIRECTOR

\*\* DO NOT DISCARD \*\*

Discharge Cumulative Trend Report

MENDES, JOSEPH  
1707982  
DIS01/15/04  
(M-04/26/38)  
Dr. VAZQUEZ, CARLOS A

Baptist Hospital of Miami  
8900 North Kendall Drive Miami, FL 33176-2197

Fri Jan 16, 2004 03:12 am

Discharge Cumulative Trend Report from 01/08/04 0115 to 01/14/04 0609

Patient Name: MENDES, JOSEPH  
Med Rec #: 1707982  
Dis Date: 01/15/04  
Phys-Service: VAZQUEZ, CARLOS A - ED ADMISSION  
Acct #: A72395379

All Sections-Page 4  
Adm: 01/08/04

\*\*\*\*\*

Chemistry Profile

(Cont)

Results:	Na	K	Chloride	CO2	Glucose	BUN	AnionGap
Units:	mmol/L	mmol/L	mmol/L	mmol/L	mg/dl	mg/dl	
Lo:	136	3.5	98	22	70	8	7
High:	145	5.1	107	32	126	26	17

01/08/04 0115 139  
01/08/04 0115 3.9  
01/08/04 0115 28  
01/08/04 0115 18 6.0 L

In: 01/09/04 0617  
Out: 01/09/04 0706  
Coll Time: 01/09/04 0440  
Order Phys: VAZQUEZ, CARLOS A

Spec: Blood  
Techs: VRN T13219  
[A72395379/7122717]

Result Name	Result	Normal Range
Cholesterol(mg/dl):	268	Desirable <200 Borderline high 200-239 High >240
Triglycerides(mg/dl):	121	30-200
HDL(mg/dl):	57	29-71 <35 CHD risk indicator >55 Favorable
LDL(mg/dl):	186.8 H	<130 Desirable 130-159 Borderline High >160 High
Risk Factor:	4.70	<5

Enzymes

Results:	SGOT	SGPT	LAP	Gamma GT	Aldolase	Amylase	Lipase
Units:	IU/L	IU/L	U/L	U/L	mU/ml	IU/L	U/L
Lo:	4	4	21	8	1.7		30
High:	37	40	58	61	7.6	<88	190

01/08/04 0115 23  
01/08/04 0115 30

EDWIN GOULD, M.D., DIRECTOR  
\*\* DO NOT DISCARD \*\*  
Discharge Cumulative Trend Report

MENDES, JOSEPH  
1707982  
DIS01/15/04  
(M-04/26/38)  
Dr. VAZQUEZ, CARLOS A

Baptist Hospital of Miami  
8900 North Kendall Drive Miami, FL 33176-2197  
Fri Jan 16, 2004 03:12 am

Discharge Cumulative Trend Report from 01/08/04 0115 to 01/14/04 0609

Patient Name: MENDES,JOSEPH All Sections-Page 5  
Med Rec #: 1707982 Adm: 01/08/04  
Dis Date: 01/15/04  
Phys-Service: VAZQUEZ,CARLOS A - ED ADMISSION  
Acct #: A72395379

\*\*\*\*\*

Cardiac Enzymes I

Results:	CK	CK-MB	Rel. Index (%)
Units:	IU/L	ng/ml	%
Lo:	24	0	0
High:	195	7	2.5

01/08/04 0115 196

01/08/04 0115 5.5

----- General Comments -----

01/08/04 0115|ED-CK/MB-Comment : Relative Index (%) = (CKMB/CK) X 100

In: 01/08/04 0215 Spec: Blood  
Out: 01/08/04 0232 | ED-MYOGLOBIN (SERUM) | Techs: VER T16538  
Coll Time: 01/08/04 0115  
Order Phys: RUDAS,ROBERT [A72395379/7120775]

\*STAT\*STAT\*STAT\*  
Result Name Result

Myoglobin(ng/ml): 112.5 HP <105.7

In: 01/08/04 0215 Spec: Blood  
Out: 01/08/04 0232 | ED-TROPONIN I (QUANT) | Techs: VER T16538  
Coll Time: 01/08/04 0115  
Order Phys: RUDAS,ROBERT [A72395379/7120775]

\*STAT\*STAT\*STAT\*  
Result Name Result

Troponin I(ng/ml): 0.02 <0.06 Normal  
0.06 - 0.50 Gray zone  
>0.50 Suggests AMI

EDWIN GOULD, M.D., DIRECTOR  
\*\* DO NOT DISCARD \*\*  
Discharge Cumulative Trend Report

MENDES,JOSEPH  
1707982  
DIS01/15/04  
(M-04/26/38)  
Dr.VAZQUEZ,CARLOS A



Baptist Hospital of Miami  
8900 North Kendall Drive Miami, FL 33176-2197  
Fri Jan 16, 2004 03:12 am

Discharge Cumulative Trend Report from 01/08/04 0115 to 01/14/04 0609

Patient Name: MENDES,JOSEPH All Sections-Page 6  
Med Rec #: 1707982 Adm: 01/08/04  
Dis Date: 01/15/04  
Phys-Service: VAZQUEZ,CARLOS A - ED ADMISSION  
Acct #: A72395379

\*\*\*\*\*

#### Feces Testing

Results:	Occ Bld	pH	WBCs	Bili	Fat	Red Sub	Trypsin	Urobilin
Units:		pH Unit				gm/dl		

01/13/04 2200 Neg  
01/13/04 2000 Neg

In: 01/12/04 1300 Spec: Stool  
Out: 01/12/04 1432 | OCCULT BLOOD-X3 (SCREEN) | Techs: VSTL T333  
Coll Time: 01/12/04 1300  
Order Phys: FARADJI,VICTOR [A72395379/7123737]

Result Name	Result	Normal Range
Occult Blood 1:	Neg	

#### Creatinine Clearance

Results:	Volume	Creat Cl	Creat-BI	Creat-Ur
Units:	ml	ml/min	mg/dl	mg/dl
Lo:	600	70	0.4	
High:	1800	135	1.4	

01/13/04 0615 0.9

#### Thyroid Function I

Results:	T3	Free Thy	Thyroglob	TSH	TBG	Micro.Ab
Units:	ng/ml	ng/dl	IU/ml	uIU/ml	mg/dl	U/ml
Lo:	0.87	0.58	0	0.35	14	
High:	1.78	1.64	<40	5.60	31	25

01/08/04 1700 0.70

EDWIN GOULD, M.D., DIRECTOR  
\*\* DO NOT DISCARD \*\*  
Discharge Cumulative Trend Report

MENDES,JOSEPH  
1707982  
DIS01/15/04  
(M-04/26/38)  
Dr.VAZQUEZ,CARLOS A

Baptist Hospital of Miami  
8900 North Kendall Drive Miami, FL 33176-2197  
Fri Jan 16, 2004 03:12 am

Discharge Cumulative Trend Report from 01/08/04 0115 to 01/14/04 0609

Patient Name: MENDES,JOSEPH All Sections-Page 7  
Med Rec #: 1707982 Adm: 01/08/04  
Dis Date: 01/15/04  
Phys-Service: VAZQUEZ,CARLOS A - ED ADMISSION  
Acct #: A72395379

\*\*\*\*\*

### Thyroid Function II

Results:	T4	T3 Uptak	FTI
Units:	ug/dl	Uptake %	ug/dl
Lo:	6.09	37	6.33
High:	12.23	48.4	12.40
01/08/04 1700	6.27		

### Vitamin B12 and Folate

Results:	B12	Folate
Units:	pg/ml	ng/ml
Lo:	180	2.8
High:	914	15.6
01/08/04 1700	465	
01/08/04 1700		12.1

In: 01/08/04 1700 Spec: Blood  
Out: 01/13/04 0834 | CARDIOLIPIN ANTIBODY | Techs: VRN T1500  
Coll Time: 01/08/04 1700  
Order Phys: VAZQUEZ,CARLOS A [A72395379/7121678]

Result Name	Result	Normal Range
IgG Anti-Cardiolipin(GPL):	<6	<10
IgM Anti-Cardiolipin(MPL):	<6	<9
IgA Anti-Cardiolipin(APL Units):	<6	<12

Referred to: LabCorp  
4200 N.29th Avenue  
Hollywood,Florida 33320  
800-877-7831

EDWIN GOULD, M.D., DIRECTOR  
\*\* DO NOT DISCARD \*\*  
Discharge Cumulative Trend Report

MENDES,JOSEPH  
1707982  
DIS01/15/04  
(M-04/26/38)  
Dr.VAZQUEZ,CARLOS A

Baptist Hospital of Miami  
 8900 North Kendall Drive Miami, FL 33176-2197  
 Fri Jan 16, 2004 03:12 am

Discharge Cumulative Trend Report from 01/08/04 0115 to 01/14/04 0609

Patient Name: MENDES,JOSEPH All Sections-Page 8  
 Med Rec #: 1707982 Adm: 01/08/04  
 Dis Date: 01/15/04  
 Phys-Service: VAZQUEZ,CARLOS A - ED ADMISSION  
 Acct #: A72395379

\*\*\*\*\*

#### Treponemal Serology

Results:	RPR	FTA Abs	VDRL-CSF
Units:	Titer		
Lo:	Nonreactive	Nonreactive	Nonreactive
High:			
01/08/04 1700 Nonreactive			

#### Lupus Panel - Part I

Results:	ANA Tit	Centrom	DNA Tit	RNP	Anti-Sm	C4 Comp	A-Thyro	A-Scl 70
Units:						mg/dl		
Lo:	Negative	<1/10	<1/10	<1/20	<1/20	15	<1/100	
High:						45mg/dl		
01/08/04 1700 #								
----- Specific Comments -----								
01/08/04 1700 ANA (ANTINUCLEAR AB)-ANA Tit: Negative								

#### Miscellaneous Serology

Results:	ASO Titer	CRP	RF Latex
Units:	IU/ml		
Lo:	Negative	Negative	Negative
High:			
01/08/04 1700			20 IU/ml H

End of Report

EDWIN GOULD, M.D., DIRECTOR  
 \*\* DO NOT DISCARD \*\*  
 Discharge Cumulative Trend Report

MENDES,JOSEPH  
 1707982  
 DIS01/15/04  
 (M-04/26/38)  
 Dr.VAZQUEZ,CARLOS A

Baptist Hospital of Miami  
8900 North Kendall Drive Miami, FL 33176-2197  
Fri Jan 16, 2004 03:12 am

Discharge Cum Incomplete Work Listing from 01/08/04 0115 to 01/14/04 0609

Patient Name: MENDES,JOSEPH Page 1  
Med Rec #: 1707982 Adm: 01/08/04  
Dis Date 01/15/04  
Phys-Service: VAZQUEZ,CARLOS A - ED ADMISSION  
Acct #: A72395379

\*\*\*\*\*

Accession Number	Test Name	Spec Type	Collection Date & Time	Status
---------------------	-----------	-----------	---------------------------	--------

-----

\*\*\*\*\*

\* All other lab work has been completed \*  
\* Final report! \*

\*\*\*\*\*

End of Report

\*\*\*\*\*

MENDES,JOSEPH  
1707982  
DIS 01/15/04  
(M-04/26/38)  
Dr.VAZQUEZ,CARLOS A

\*\* DO NOT DISCARD \*\*  
Discharge Cum Incomplete Work Listing

# Laboratory Corporation of America

723953790

SPECIMEN 008-548-2065-0	TYPE S	PRIMARY LAB TA	REPORT STATUS COMPLETE	Page #: 1
ADDITIONAL INFORMATION				
7121678 TT		FASTING: N DOB: 4/26/1938		
PATIENT NAME MENDES, JOSEPH		SEX M	AGE(YR./MOS.) 65 / 8	
PT. ADD.:				
DATE OF SPECIMEN 1/08/2004	TIME 17:00	DATE RECEIVED 1/08/2004	DATE REPORTED 1/13/2004	TIME 6:09
4717				
TEST		RESULT		

CLINICAL INFORMATION CD- 97521905214	
PHYSICIAN ID. VAZQUEZ C	PATIENT ID. 1707982
ACCOUNT: BAPTIST HOSPITAL ATTN: CLINICAL LAB 8900 NORTH KENDALL DRIVE MIAMI FL 33176-0000 ACCOUNT NUMBER: 09464442	

TEST	RESULT	LIMITS	LAB
Anticardiolip Ab, IgA/IgG/IgM			
Anticardiolipin Ab, IgG, Qn <6	GPL U/mL	0 - 10	BN
Anticardiolipin Ab, IgM, Qn <6	MPL U/mL	0 - 9	BN
Anticardiolipin Ab, IgA, Qn <6	APL U/mL	0 - 12	BN

LAB: BN LabCorp Burlington  
1447 York Court, Burlington, NC 27215-2230

DIRECTOR: Frank Hancock MD

**Baptist  
Hospital**Triage \_\_\_\_\_  
Room \_\_\_\_\_  
Ext. \_\_\_\_\_

Mendes, Joseph

M/65 4-26-38

**Department of Imaging Services****Preliminary Report****Comments**

Triage/6415

1 CT Brain. 5

2

HAD

3

4

**Comments**① rt ~~to~~ Bleed

Associate Radiologist

Staff Radiologist

**Please Print**

White: Chart; Yellow: Radiology

★0195082020★

Form #2020 (Rev. 3/97)

BCT7895  
RADIOLOGY723953790

BAPTIST HEALTH SOUTH FLORIDA  
BAPTIST HOSPITAL of MIAMI  
8900 SW 88th Street  
Miami, FL 33176 \* (786) 596-1960

REPORT OF RADIOLOGIC CONSULTATION

PATIENT NAME: MENDES, JOSEPH  
DOB: 04/26/1938 Age: 65Y Sex: M Ph#: (305) 247-9442  
Admission No: 723953790 Order No: 90004 Priority: STAT  
Rad / MR No: 1707982 Pt NS/Room: 4EM-4116  
Ordering Dr: ROBERT J. RUDAS, M.D. Referring Dr: CARLOS A. VAZQUEZ, M.D.  
Phone / Fax: (786) 596-6589 / (786) 595-3088 Phone / Fax: (305) 442-0028 / (305) 442-0126

\*\*\*Preliminary Report\*\*\*

ADMITTING DIAGNOSIS: POSSIBLE CVA

PROCEDURE: BCT 7895 BRAIN CT WO CONTRAST Date: Jan 8 2004  
Acc #: 6319197 CPT:

DISCUSSION: Noncontrast study. The ventricles are of normal size and midline in position. There is no evidence of edema, mass effect or midline shift. There is no evidence of acute intracranial hemorrhage. No parenchymal attenuation abnormalities or disease. No abnormal extraaxial collections are identified.

IMPRESSION: Normal noncontrast CT of the brain.

KJA/la

Transcribed by: la3 On: Jan 8 2004 7:14A

Read by: KEVIN J. ABRAMS On: Jan 8 2004 7:05A

BCT7895  
RADIOLOGY723953790

BAPTIST HEALTH SOUTH FLORIDA  
BAPTIST HOSPITAL of MIAMI  
8900 SW 88th Street  
Miami, FL 33176 \* (786) 596-1960

REPORT OF RADIOLOGIC CONSULTATION

PATIENT NAME: MENDES, JOSEPH  
DOB: 04/26/1938 Age: 65Y Sex: M Ph#: (305) 247-9442  
Admission No: 723953790 Order No: 90004 Priority: STAT  
Rad / MR No: 1707982 Pt NS/Room: 4EM-4116  
Ordering Dr: ROBERT J. RUDAS, M.D. Referring Dr: CARLOS A. VAZQUEZ, M.D.  
Phone / Fax: (786) 596-6589 / (786) 595-3088 Phone / Fax: (305) 442-0028 / (305) 442-0126

\*\*\*\*\*Final Report \*\*\*\*\*

ADMITTING DIAGNOSIS: POSSIBLE CVA

PROCEDURE: BCT 7895 BRAIN CT WO CONTRAST  
Acc #: 6319197

Date: Jan 8 2004  
CPT:

DISCUSSION: Noncontrast study. The ventricles are of normal size and midline in position. There is no evidence of edema, mass effect or midline shift. There is no evidence of acute intracranial hemorrhage. No parenchymal attenuation abnormalities or disease. No abnormal extraaxial collections are identified.

IMPRESSION: Normal noncontrast CT of the brain.

KJA/1a

Transcribed by: 1a3 On: Jan 8 2004 7:14A

Read by: KEVIN J. ABRAMS On: Jan 8 2004 7:05A  
Signed Electronically by: KEVIN J. ABRAMS On: Jan 8 2004 11:43A



BMR0391  
RADIOLOGY723953790

BAPTIST HEALTH SOUTH FLORIDA  
BAPTIST HOSPITAL of MIAMI  
8900 SW 88th Street  
Miami, FL 33176 \* (786) 596-1960

REPORT OF RADIOLOGIC CONSULTATION

PATIENT NAME: MENDES, JOSEPH  
DOB: 04/26/1938 Age: 65Y Sex: M Ph#: (305) 247-9442  
Admission No: 723953790 Order No: 90008 Priority: ROUTINE  
Rad / MR No: 1707982 Pt NS/Room: 4EM-4116  
Ordering Dr: VICTOR H. FARADJI, M.D. Referring Dr: CARLOS A. VAZQUEZ, M.D.  
Phone / Fax: (305) 595-4041 / (305) 595-6638 Phone / Fax: (305) 442-0028 / (305) 442-0126

\*\*\*Preliminary Report\*\*\*

ADMITTING DIAGNOSIS: POSSIBLE CVA

PROCEDURE: BMR 0391 BRAIN MRI W/WO CONTRAST Date: Jan 8 2004  
Acc #: 6319893 CPT:

DISCUSSION: Noncontrast and contrast-enhanced studies performed and demonstrate ventricles to be of normal size and midline in position. There is restricted diffusion in the right corona radiata as well as foci in the right gangliocapsular region and right temporal lobe adjacent to the periventricular white matter in a subcortical region. These are consistent with acute zones of infarction.

In addition, on FLAIR sequence there is some intermediate to bright signal along MCA branches of the right middle cerebral artery consistent with slow flow or occlusion of these branches. There is no significant mass effect or midline shift. Other zones of infarct are barely perceptible on T2 and FLAIR sequence.

Following contrast administration, excellent normal enhancement, no abnormal enhancement noted.

IMPRESSION: Acute zones of infarction involving the right corona radiata, gangliocapsular regions and right temporal periventricular white matter. There is appears to be clot or slow flow in some of the right MCA branches within the sylvian fissure. Clinical correlation and followup are advised.

KJA/mr1

Transcribed by: m11 On: Jan 8 2004 4:43P

Read by: KEVIN J. ABRAMS On: Jan 8 2004 4:13P

BMR0391  
RADIOLOGY723953790

BAPTIST HEALTH SOUTH FLORIDA  
BAPTIST HOSPITAL of MIAMI  
8900 SW 88th Street  
Miami, FL 33176 \* (786) 596-1960

REPORT OF RADIOLOGIC CONSULTATION

PATIENT NAME: MENDES, JOSEPH  
DOB: 04/26/1938 Age: 65Y Sex: M Ph#: (305) 247-9442  
Admission No: 723953790 Order No: 90008 Priority: ROUTINE  
Rad / MR No: 1707982 Pt NS/Room: 4EM-4116  
Ordering Dr: VICTOR H. FARADJI, M.D. Referring Dr: CARLOS A. VAZQUEZ, M.D.  
Phone / Fax: (305) 595-4041 / (305) 595-6638 Phone / Fax: (305) 442-0028 / (305) 442-0126

\*\*\*\*\*Final Report \*\*\*\*\*

ADMITTING DIAGNOSIS: POSSIBLE CVA

PROCEDURE: BMR 0391 BRAIN MRI W/WO CONTRAST Date: Jan 8 2004  
Acc #: 6319893 CPT:

DISCUSSION: Noncontrast and contrast-enhanced studies performed and demonstrate ventricles to be of normal size and midline in position. There is restricted diffusion in the right corona radiata as well as foci in the right gangliocapsular region and right temporal lobe adjacent to the periventricular white matter in a subcortical region. These are consistent with acute zones of infarction.

In addition, on FLAIR sequence there is some intermediate to bright signal along MCA branches of the right middle cerebral artery consistent with slow flow or occlusion of these branches. There is no significant mass effect or midline shift. Other zones of infarct are barely perceptible on T2 and FLAIR sequence.

Following contrast administration, excellent normal enhancement, no abnormal enhancement noted.

IMPRESSION: Acute zones of infarction involving the right corona radiata, gangliocapsular regions and right temporal periventricular white matter. There is appears to be clot or slow flow in some of the right MCA branches within the sylvian fissure. Clinical correlation and followup are advised.

KJA/mr1

Transcribed by: ml1 On: Jan 8 2004 4:43P

Read by: KEVIN J. ABRAMS On: Jan 8 2004 4:13P  
Signed Electronically by: KEVIN J. ABRAMS On: Jan 8 2004 5:38P

BCT7895  
RADIOLOGY723953790

BAPTIST HEALTH SOUTH FLORIDA  
BAPTIST HOSPITAL of MIAMI  
8900 SW 88th Street  
Miami, FL 33176 \* (786) 596-1960

REPORT OF RADIOLOGIC CONSULTATION

PATIENT NAME: MENDES, JOSEPH  
DOB: 04/26/1938 Age: 65Y Sex: M Ph#: (305) 247-9442  
Admission No: 723953790 Order No: 90010 Priority: STAT  
Rad / MR No: 1707982 Pt NS/Room: 4EM-4116  
Ordering Dr: VICTOR H. FARADJI, M.D. Referring Dr: CARLOS A. VAZQUEZ, M.D.  
Phone / Fax: (305) 595-4041 / (305) 595-6638 Phone / Fax: (305) 442-0028 / (305) 442-0126

\*\*\*Preliminary Report\*\*\*

ADMITTING DIAGNOSIS: POSSIBLE CVA

PROCEDURE: BCT 7895 BRAIN CT WO CONTRAST Date: Jan 9 2004  
Acc #: 6323763 CPT:

DISCUSSION: Comparison is made to the previous day. Since that examination there has been interval development of white matter ischemic changes within the periventricular and deep white matter of the right hemisphere and extending to the right periaxial region. There is no evidence of hemorrhage. No cortical infarct is seen. There is no mass effect or midline shift, hydrocephalus or extraaxial fluid collection.

IMPRESSION: New white matter ischemic changes when compared to the previous day in the right hemisphere.

JMM/mr1

Transcribed by: ml1 On: Jan 9 2004 9:50P

Read by: JONATHAN MESSINGER On: Jan 9 2004 4:51P

BCT7895  
RADIOLOGY723953790

BAPTIST HEALTH SOUTH FLORIDA  
BAPTIST HOSPITAL of MIAMI  
8900 SW 88th Street  
Miami, FL 33176 \* (786) 596-1960

REPORT OF RADIOLOGIC CONSULTATION

PATIENT NAME: MENDES, JOSEPH  
DOB: 04/26/1938 Age: 65Y Sex: M Ph#: (305) 247-9442  
Admission No: 723953790 Order No: 90011 Priority: TIMED  
Rad / MR No: 1707982 Pt NS/Room: 4EM-4110  
Ordering Dr: CARLOS A. VAZQUEZ, M.D. Referring Dr: CARLOS A. VAZQUEZ, M.D.  
Phone / Fax: (305) 442-0028 / (305) 442-0126 Phone / Fax: (305) 442-0028 / (305) 442-0126

\*\*\*Preliminary Report\*\*\*

ADMITTING DIAGNOSIS: POSSIBLE CVA

PROCEDURE: BCT 7895 BRAIN CT WO CONTRAST Date: Jan 11 2004  
Acc #: 6326196 CPT:

DISCUSSION: Noncontrast study compared with prior from 1/09/04.

Ventricles are normal in size and midline in position. There are zones of infarction along the posterior aspect of the right corona radiata which may be slightly more prominent than on prior study consistent with evolving zones of infarct. No definite cortical involvement is seen. There is no hemorrhagic conversion. There is no hydrocephalus or midline shift.

IMPRESSION: Evolving zones of infarct along the right posterior corona radiata. There is no hemorrhage.

KJA/mr1

Transcribed by: ml1 On: Jan 11 2004 11:10P

Read by: KEVIN J. ABRAMS On: Jan 11 2004 12:53P

BCT7895  
RADIOLOGY723953790

BAPTIST HEALTH SOUTH FLORIDA  
BAPTIST HOSPITAL of MIAMI  
8900 SW 88th Street  
Miami, FL 33176 \* (786) 596-1960

REPORT OF RADIOLOGIC CONSULTATION

PATIENT NAME: MENDES, JOSEPH  
DOB: 04/26/1938 Age: 65Y Sex: M Ph#: (305) 247-9442  
Admission No: 723953790 Order No: 90011 Priority: TIMED  
Rad / MR No: 1707982 Pt NS/Room: 4EM-4110  
Ordering Dr: CARLOS A. VAZQUEZ, M.D. Referring Dr: CARLOS A. VAZQUEZ, M.D.  
Phone / Fax: (305) 442-0028 / (305) 442-0126 Phone / Fax: (305) 442-0028 / (305) 442-0126

\*\*\*\*\*Final Report \*\*\*\*\*

ADMITTING DIAGNOSIS: POSSIBLE CVA

PROCEDURE: BCT 7895 BRAIN CT WO CONTRAST  
Acc #: 6326196

Date: Jan 11 2004  
CPT:

DISCUSSION: Noncontrast study compared with prior from 1/09/04.

Ventricles are normal in size and midline in position. There are zones of infarction along the posterior aspect of the right corona radiata which may be slightly more prominent than on prior study consistent with evolving zones of infarct. No definite cortical involvement is seen. There is no hemorrhagic conversion. There is no hydrocephalus or midline shift.

IMPRESSION: Evolving zones of infarct along the right posterior corona radiata. There is no hemorrhage.

KJA/mr1

Transcribed by: ml1 On: Jan 11 2004 11:10P

Read by: KEVIN J. ABRAMS On: Jan 11 2004 12:53P

Signed Electronically by: KEVIN J. ABRAMS On: Jan 12 2004 3:05P

BXR0017  
RADIOLOGY723953790

BAPTIST HEALTH SOUTH FLORIDA  
BAPTIST HOSPITAL of MIAMI  
8900 SW 88th Street  
Miami, FL 33176 \* (786) 596-1960

REPORT OF RADIOLOGIC CONSULTATION

PATIENT NAME: MENDES, JOSEPH  
DOB: 04/26/1938 Age: 65Y Sex: M Ph#: (305) 247-9442  
Admission No: 723953790 Order No: 90012 Priority: TODAY  
Rad / MR No: 1707982 Pt NS/Room: 4EM-4110  
Ordering Dr: CLIFFORD M. CRUMP, M.D. Referring Dr: CARLOS A. VAZQUEZ, M.D.  
Phone / Fax: (305) 248-3814 / (305) 246-0453 Phone / Fax: (305) 442-0028 / (305) 442-0126

\*\*\*Preliminary Report\*\*\*

ADMITTING DIAGNOSIS: POSSIBLE CVA

PROCEDURE: BXR 0017 SWALLOWING FUNCTION W/VIDEO Date: Jan 12 2004  
Acc #: 6328198 CPT:

DISCUSSION: Under fluoroscopic control, video tape of swallowing functions was completed.

JIR/gd

Transcribed by: gd2 On: Jan 12 2004 3:23P

Read by: JONATHAN I. RUBIN On: Jan 12 2004 1:51P

MENDES, JOSEPH

65 yrs Male

8 JAN 2004

1:23:57

1707982

221 : SINUS RHYTHM, RATE 54

83 : FIRST DEGREE AV BLOCK

415 : \*No previous tracing for comparison. - ABNORMAL ECG -

\*mm

--AXES--

P 13

QRS 11

T 44

D.O.B.:  
4/26/38

*11.16*

Requested by

EDP

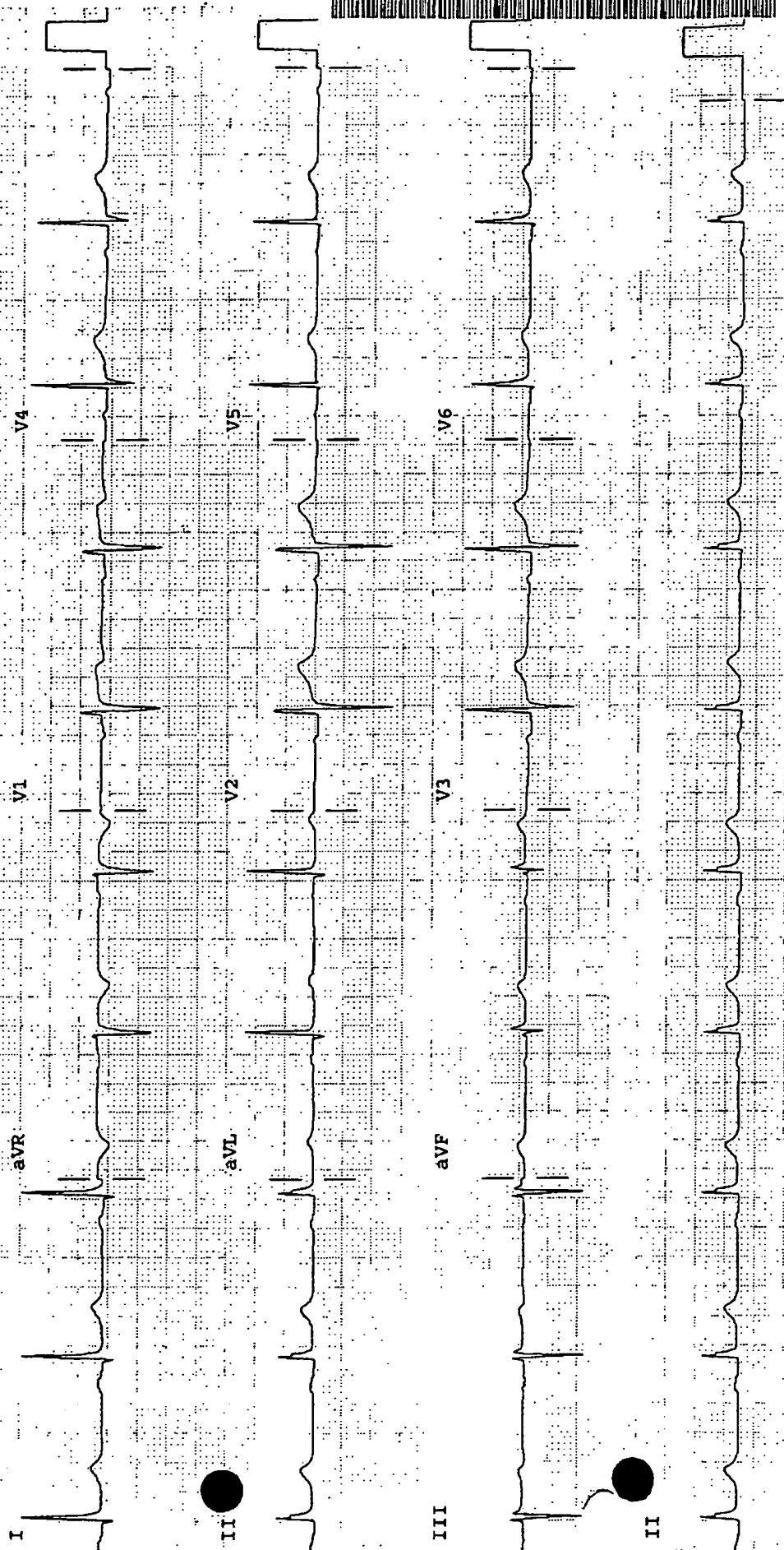
Tech KM

Room 6

Edited C-HP709

Baptist Hospital of Miami - Emergency Department

Jonathan Roberts, M.D. - 8 JAN 2004 19:23:36



Loc 71201

25 mm/sec 10.0 mm/mV

P ~ W 0.50-150

ELECTRONICALLY SIGNED BY  
ROBERTS, JONATHAN - 22467



# Miami Cardiac & Vascular Institute

## ECHOCARDIOGRAPHY LABORATORY

Patient Name: MENDES, JOSEPH  
Admission No: 723953790  
Rad / MR No: 1707982  
Referring Dr: CARLOS A. VAZQUEZ, M.D.

DOB: 04/26/1938      Age: 65Y Sex: M  
Order No: 90009      Priority: ROUTINE  
Pt NS/Room: 4EM-4116  
Date of Service: Jan 08, 2004

### \*\*\*Preliminary Report\*\*\*

REFERRING PHYSICIAN: CARLOS A. VAZQUEZ, M.D.

CLINICAL INDICATION: Cerebrovascular Accident

PROCEDURE: BEH 0030 ECHO 2D WITH/WITHOUT M-MODE

NORMAL RANGE NOTED	VALUE	RANGE	NORMAL NOTED	VALUE	
AO ROOT DIMENSION	1.7 - 3.8 cm	3.8	IVS THICKNESS	.6 - 1.1 cm	1.1
LEFT ATRIAL DIMENSION	1.9 - 4.0 cm	4.1	IVS EXCURSION	.3 - .8 cm	
RVIDD	.9 - 2.6 cm	2.4	POSTERIOR MYOCARDIAL THICKNESS	.6 - 1.1 cm	1.1
LVIDD	3.5 - 5.7 cm	5.5			
LVIDS 2.4 - 4.0 cm		3.4	POSTERIOR MYOCARDIAL EXCURSION	.8 - 1.4 cm	

### ECHO

#### DISCUSSION:

1. Technically adequate study.
2. The left ventricular cavity size is at the upper limits of normal. The left ventricular wall thickness is at the upper limits of normal. There is normal left ventricular contractility. Estimated ejection fraction of 50%.
3. Mild left atrial enlargement.
4. Normal right ventricular and right atrial studies.
5. Mild fibrocalcific changes of a trileaflet aortic valve with normal opening into a normal size aortic root.
6. Mild calcification of the posterior mitral valve annulus with mild fibrosclerotic changes of the mitral valve leaflets which open well. There is no evidence of mitral valve prolapse.
7. Normal tricuspid valve and pulmonic valve studies.
8. No pericardial effusion.
9. No intracardiac mass, thrombus, vegetation or myxoma identified.

### ECHO

#### IMPRESSION:



1. Normal left ventricular contractility. Estimated ejection fraction of 50%.
2. Mild left atrial enlargement.
3. Mild fibrocalcific changes of a trileaflet aortic valve with normal opening into a normal size aortic root.
4. There is mild calcification of the mitral valve annulus with mild fibrosclerotic changes of the mitral valve leaflets which open well. There is no evidence of mitral valve prolapse.
5. There is no evidence of thrombus.
6. There is no evidence of significant pericardial effusion.

Read by: GERARDO A. POLANCO-SALCEDO On: Jan 8 2004 5:34P

Transcribed by: mr0 On: Jan 8 2004 6:19P



# Miami Cardiac & Vascular Institute

## ECHOCARDIOGRAPHY LABORATORY

Patient Name: MENDES, JOSEPH  
Admission No: 723953790  
Rad / MR No: 1707982  
Referring Dr: KARL H. LEMBCKE, M.D.

DOB: 04/26/1938      Age: 65Y Sex: M  
Order No: 90013      Priority: ROUTINE  
Pt NS/Room: 4EM-4110  
Date of Service: Jan 13, 2004

### \*\*\*Preliminary Report\*\*\*

**REFERRING PHYSICIAN:** Carlos Vasquez, M.D.

**CLINICAL INDICATION:**

**PROCEDURE:** BEH 0010 TEE PANEL

**Attending Endoscopist:** Karl Lembcke, M.D.

**INDICATION:** Cerebrovascular accident, looking for a source of emboli.

**PROCEDURE:** After explaining to the patient the risks and benefits of the procedure, informed consent was obtained. Xylocaine spray was applied to the patient's throat and conscious sedation was given with 2 mg of Versed and 25 mcg of Fentanyl. The transesophageal probe was introduced for appropriate images.

### DISCUSSION:

1. The left atrium is mildly dilated. Right atrium is normal in size.
2. Left ventricular function and size are normal. The right ventricular size and function are normal.
3. The left atrial appendage shows no clots and good velocities. There is no patent foramen ovale by color flow bubble studies but there is a well-visualized intra-atrial septal aneurysm with no ASD.
4. The main pulmonary artery and the right and left branches were well seen with no dissections, transactions, vegetations, masses or wires.
5. The bicaval view of the inferior and superior vena cava was well seen with no lines, vegetations, masses, or clots.
6. The coronary arteries were not well visualized.
7. The right superior and left superior pulmonary veins were well visualized but the right inferior and left inferior pulmonary veins were not well seen.
8. The mitral valve and aortic valves were mildly thickened but flexible.
9. The pulmonary and tricuspid valves were flexible.
10. There is mild to moderate AI.
11. There is no PR and no TR that we could appreciate.
12. The aorta shows some diffuse grade III plaquing with no evidence of dissection, transactions or aneurysmal dilatation.

### IMPRESSION:

Well-visualized intra-atrial septal aneurysm with no evidence of PFO or ASD. Normal left ventricular size and systolic function and no intracardiac source of emboli identified on this study.

**Read by:** KARL H. LEMBCKE On: Jan 13 2004 4:48P

**Transcribed by:** dt1 On: Jan 14 2004 8:26A

**Patient: MENDES, JOSEPH**  
**Medical Record Number: 1707982**

**Date of Study: Jan 13, 2004 - Page 2**

---



# Miami Cardiac & Vascular Institute

## ECHOCARDIOGRAPHY LABORATORY

Patient Name: MENDES, JOSEPH  
Admission No: 723953790  
Rad / MR No: 1707982  
Referring Dr: CARLOS A. VAZQUEZ, M.D.

DOB: 04/26/1938      Age: 65Y Sex: M  
Order No: 90009      Priority: ROUTINE  
Pt NS/Room: 4EM-4116  
Date of Service: Jan 08, 2004

\*\*\*\*Final Report\*\*\*\*

REFERRING PHYSICIAN: CARLOS A. VAZQUEZ, M.D.

CLINICAL INDICATION: Cerebrovascular Accident

PROCEDURE: BEH 0030 ECHO 2D WITH/WITHOUT M-MODE

NORMAL RANGE NOTED	VALUE	RANGE	NORMAL NOTED	VALUE	
AO ROOT DIMENSION	1.7 - 3.8 cm	3.8	IVS THICKNESS	.6 - 1.1 cm	1.1
LEFT ATRIAL DIMENSION	1.9 - 4.0 cm	4.1	IVS EXCURSION	.3 - .8 cm	
RVIDD	.9 - 2.6 cm	2.4	POSTERIOR MYOCARDIAL THICKNESS	.6 - 1.1 cm	1.1
LVIDD	3.5 - 5.7 cm	5.5			
LVIDS 2.4 - 4.0 cm		3.4	POSTERIOR MYOCARDIAL EXCURSION	.8 - 1.4 cm	

### ECHO

#### DISCUSSION:

1. Technically adequate study.
2. The left ventricular cavity size is at the upper limits of normal. The left ventricular wall thickness is at the upper limits of normal. There is normal left ventricular contractility. Estimated ejection fraction of 50%.
3. Mild left atrial enlargement.
4. Normal right ventricular and right atrial studies.
5. Mild fibrocalcific changes of a trileaflet aortic valve with normal opening into a normal size aortic root.
6. Mild calcification of the posterior mitral valve annulus with mild fibrosclerotic changes of the mitral valve leaflets which open well. There is no evidence of mitral valve prolapse.
7. Normal tricuspid valve and pulmonic valve studies.
8. No pericardial effusion.
9. No intracardiac mass, thrombus, vegetation or myxoma identified.

### ECHO

#### IMPRESSION:

Patient: MENDES, JOSEPH  
Medical Record Number: 1707982

Date of Study: Jan 08, 2004 - Page 2

1. Normal left ventricular contractility. Estimated ejection fraction of 50%.
2. Mild left atrial enlargement.
3. Mild fibrocalcific changes of a trileaflet aortic valve with normal opening into a normal size aortic root.
4. There is mild calcification of the mitral valve annulus with mild fibrosclerotic changes of the mitral valve leaflets which open well. There is no evidence of mitral valve prolapse.
5. There is no evidence of thrombus.
6. There is no evidence of significant pericardial effusion.

Read by: GERARDO A. POLANCO-SALCEDO On: Jan 8 2004 5:34P

Signed Electronically by: NESTOR M. DEMORIZI-CURIEL On: Jan 9 2004 3:36P

Transcribed by: mr0 On: Jan 8 2004 6:19P



# Miami Cardiac & Vascular Institute

## ECHOCARDIOGRAPHY LABORATORY

Patient Name: MENDES, JOSEPH  
Admission No: 723953790  
Rad / MR No: 1707982  
Referring Dr: CARLOS A. VAZQUEZ, M.D.

DOB: 04/26/1938      Age: 65Y Sex: M  
Order No: 90009      Priority: ROUTINE  
Pt NS/Room: 4EM-4116  
Date of Service: Jan 08, 2004

### \*\*\*Preliminary Report\*\*\*

REFERRING PHYSICIAN: CARLOS A. VAZQUEZ, M.D.

CLINICAL INDICATION: Cerebrovascular Accident

PROCEDURE: BEH 0030 ECHO 2D WITH/WITHOUT M-MODE

NORMAL RANGE NOTED	VALUE	RANGE	NORMAL NOTED	VALUE	
AO ROOT DIMENSION	1.7 - 3.8 cm	3.8	IVS THICKNESS	.6 - 1.1 cm	1.1
LEFT ATRIAL DIMENSION	1.9 - 4.0 cm	4.1	IVS EXCURSION	.3 - .8 cm	
RVIDD	.9 - 2.6 cm	2.4	POSTERIOR MYOCARDIAL THICKNESS	.6 - 1.1 cm	1.1
LVIDD	3.5 - 5.7 cm	5.5			
LVIDS 2.4 - 4.0 cm		3.4	POSTERIOR MYOCARDIAL EXCURSION	.8 - 1.4 cm	

### ECHO DISCUSSION:

1. Technically adequate study.
2. The left ventricular cavity size is at the upper limits of normal. The left ventricular wall thickness is at the upper limits of normal. There is normal left ventricular contractility. Estimated ejection fraction of 50%.
3. Mild left atrial enlargement.
4. Normal right ventricular and right atrial studies.
5. Mild fibrocalcific changes of a trileaflet aortic valve with normal opening into a normal size aortic root.
6. Mild calcification of the posterior mitral valve annulus with mild fibrosclerotic changes of the mitral valve leaflets which open well. There is no evidence of mitral valve prolapse.
7. Normal tricuspid valve and pulmonic valve studies.
8. No pericardial effusion.
9. No intracardiac mass, thrombus, vegetation or myxoma identified.

### ECHO IMPRESSION:

Patient: MENDES, JOSEPH  
Medical Record Number: 1707982

Date of Study: Jan 08, 2004 - Page 2

1. Normal left ventricular contractility. Estimated ejection fraction of 50%.
2. Mild left atrial enlargement.
3. Mild fibrocalcific changes of a trileaflet aortic valve with normal opening into a normal size aortic root.
4. There is mild calcification of the mitral valve annulus with mild fibrosclerotic changes of the mitral valve leaflets which open well. There is no evidence of mitral valve prolapse.
5. There is no evidence of thrombus.
6. There is no evidence of significant pericardial effusion.

Read by: GERARDO A. POLANCO-SALCEDO On: Jan 8 2004 5:34P

Transcribed by: mr0 On: Jan 8 2004 6:19P



# MIAMI CARDIAC & VASCULAR INSTITUTE

An Affiliate of Baptist Health Systems of South Florida

1707982 M 65 04/26/38  
MENDES, JOSEPH  
VAZQUEZ, CARLOS A  
723953790 01/08/04 EDA  
IA

## TRANSESOPHAGEAL ECHOCARDIOGRAM REPORT

NAME OF PATIENT: \_\_\_\_\_ MED. REC. #: \_\_\_\_\_  
DATE OF BIRTH: \_\_\_\_\_ DATE OF STUDY: 11/13/07  
REFERRING PHYSICIAN: \_\_\_\_\_ ENDOSCOPIST IN ATTENDANCE: Leandro  
INDICATION: \_\_\_\_\_

- LA: mildly dil  
- RA: normal  
- LAA: clots  
- CPO  
- intact aortic septal aneurysm  
- LV } normal  
- RV }  
LV } trace  
RV }  
normal - mild MR / AR  
QPR QTR  
Asym  
Sick (3) D.C.

*[Signature]*

*[Signature]*  
E + E E + I C S O E





# Miami Cardiac & Vascular Institute

## ECHOCARDIOGRAPHY LABORATORY

Patient Name: MENDES, JOSEPH  
Admission No: 723953790  
Rad / MR No: 1707982  
Referring Dr: KARL H. LEMBCKE, M.D.

DOB: 04/26/1938      Age: 65Y Sex: M  
Order No: 90013      Priority: ROUTINE  
Pt NS/Room: 4EM-4110  
Date of Service: Jan 13, 2004

### \*\*\*Preliminary Report\*\*\*

**REFERRING PHYSICIAN:** Carlos Vasquez, M.D.

**CLINICAL INDICATION:**

**PROCEDURE:** BEH 0010 TEE PANEL

**Attending Endoscopist:** Karl Lembcke, M.D.

**INDICATION:** Cerebrovascular accident, looking for a source of emboli.

**PROCEDURE:** After explaining to the patient the risks and benefits of the procedure, informed consent was obtained. Xylocaine spray was applied to the patient's throat and conscious sedation was given with 2 mg of Versed and 25 mcg of Fentanyl. The transesophageal probe was introduced for appropriate images.

### DISCUSSION:

1. The left atrium is mildly dilated. Right atrium is normal in size.
2. Left ventricular function and size are normal. The right ventricular size and function are normal.
3. The left atrial appendage shows no clots and good velocities. There is no patent foramen ovale by color flow bubble studies but there is a well-visualized intra-atrial septal aneurysm with no ASD.
4. The main pulmonary artery and the right and left branches were well seen with no dissections, transactions, vegetations, masses or wires.
5. The bicaval view of the inferior and superior vena cava was well seen with no lines, vegetations, masses, or clots.
6. The coronary arteries were not well visualized.
7. The right superior and left superior pulmonary veins were well visualized but the right inferior and left inferior pulmonary veins were not well seen.
8. The mitral valve and aortic valves were mildly thickened but flexible.
9. The pulmonary and tricuspid valves were flexible.
10. There is mild to moderate AI.
11. There is no PR and no TR that we could appreciate.
12. The aorta shows some diffuse grade III plaquing with no evidence of dissection, transactions or aneurysmal dilatation.

### IMPRESSION:

Well-visualized intra-atrial septal aneurysm with no evidence of PFO or ASD. Normal left ventricular size and systolic function and no intracardiac source of emboli identified on this study.

**Read by:** KARL H. LEMBCKE On: Jan 13 2004 4:48P

**Transcribed by:** dt1 On: Jan 14 2004 8:26A

Patient: MENDES, JOSEPH  
Medical Record Number: 1707982

Date of Study: Jan 13, 2004 - Page 2

---



# Miami Cardiac & Vascular Institute

## NON-INVASIVE VASCULAR LABORATORY

<b>Patient Name:</b>	MENDES, JOSEPH	<b>DOB:</b>	04/26/1938	<b>Age:</b>	65Y	<b>Sex:</b>	M
<b>Admission No:</b>	723953790	<b>Order No:</b>	90007	<b>Priority:</b>	STAT		
<b>Rad /MR No:</b>	1707982	<b>Pt NS/Room:</b>	4EM-4116				
<b>Referring Dr:</b>	JOSE G. MEJIA, M.D.		<b>Date of Service:</b>	Jan 08, 2004			

### \*\*\*Preliminary Report\*\*\*

**PROCEDURE:** BVL 9822 \*NIV CAROTID DUPLEX EVAL

**Prior Evaluation:**

**Chief Complaint:** LEFT SIDED WEAKNESS.

**Vascular Surgeries / Interventions:** POOR HISTORY

#### SYMPTOMS

<b>Previous TIA:</b>	<b>Previous CVA:</b>	<b>Cervical Bruit:</b>
<b>Motor Deficit:</b>	<b>Sensory Deficit:</b>	<b>Speech Disturbance:</b> X
<b>Amaurosis Fugax:</b>	<b>Syncope:</b>	<b>Dizziness:</b>

#### PREDISPOSING FACTORS

<b>Smoker:</b>	<b>PVD:</b>	<b>Diabetes:</b>
<b>Hyperlipidemia:</b>	<b>Hypertension:</b>	<b>CHF:</b>
<b>Angina:</b>	<b>MI:</b>	

#### BLOOD VELOCITIES (CM/S)

	ICA	CCA	ECA	VERTEBRAL	ICA/CCA Ratio	BP (mmHg)
<b>RIGHT:</b>	44/19	73/26	46/8	FORWARD	.60	146/86
<b>LEFT:</b>	70/32	80/32	122/22	FORWARD	.87	142/84

**DISCUSSION:** Findings by color duplex scanning indicate minimal homogeneous plaque with no hemodynamically significant stenosis in the extracranial cerebrovascular circulation. The vertebral arteries have forward (antegrade) flow.

**IMPRESSION:** Plaque present, however, there is no hemodynamically significant stenosis in the extracranial cerebrovascular circulation.

**Read by:** IAN M. REISS On: Jan 8 2004 3:10P

#### Diameter Stenosis by Velocity Criteria

0-49% stenosis: PSV lt 130 cm/s	
50-59% stenosis: PSV gt 130 cm/s	
60-69% stenosis: PSV gt 260 cm/s	EDV gt 70 cm/s
70-79% stenosis: PSV gt 260 cm/s	EDV gt 100 cm/s
80-89% stenosis: PSV gt 260 cm/s	EDV gt 125 cm/s

BHM \* 8900 SW 88th Street \* Miami, FL 33176 \* (305) 598-5990

Patient: MENDES, JOSEPH  
Medical Record Number: 1707982

Date of Study: Jan 08, 2004 - Page 2

---

Transcribed by: pf1 On: Jan 9 2004 5:15A

---

Diameter Stenosis by Velocity Criteria

0-49% stenosis: PSV lt 130 cm/s	
50-59% stenosis: PSV gt 130 cm/s	
60-69% stenosis: PSV gt 260 cm/s	EDV gt 70 cm/s
70-79% stenosis: PSV gt 260 cm/s	EDV gt 100 cm/s
80-99% stenosis: PSV gt 260 cm/s	EDV gt 125 cm/s

BIIM \* 8900 SW 88th Street \* Miami, FL 33176 \* (305) 598-5990



# Miami Cardiac & Vascular Institute

## NON-INVASIVE VASCULAR LABORATORY

Patient Name: MENDES, JOSEPH      DOB: 04/26/1938    Age: 65Y    Sex: M  
Admission No: 723953790      Order No: 90006      Priority: STAT  
Rad / MR No: 1707982      Pt NS/Room: 4EM-4110  
Referring Dr: JOSE G. MEJIA, M.D.      Date of Service: Jan 08, 2004

### \*\*\*Preliminary Report\*\*\*

PROCEDURE: BVL 9827 \*NIV TRANSCRANIAL DUPLEX EVAL

Prior Evaluation: NONE

Chief Complaint: LEFT SIDED WEAKNESS.

### Vascular Surgeries / Interventions:

Brachial Pressure:      Right:      146/86mm Hg.					Left:      142/84 mm Hg.				
RIGHT	FL DIR	MEAN NORM	DATA	PI (.80 - 1.2)	LEFT	FL DIR	MEAN NORM	DATA	PI (.80 - 1.2)
MCA	N	35 - 80	30	.94	MCA	N	35 - 80	54	.79
ACA	N	35 - 60	63	.82	ACA	N	35 - 60	67	.89
SIPHON		40 - 60			SIPHON		40 - 60		
P1		30 - 50			P1		30 - 50		
P2		30 - 50			P2		30 - 50		
VA	N	25 - 55	30	.92	VA	N	25 - 55	29	.89
BASILAR	N	25 - 60	31	.90					

### DISCUSSION:

Brachial blood pressures, both within normal limits without significant asymmetries. Insonation of the anterior and posterior cerebral vasculature revealed minimal mean velocity elevation in the right and left ACA. No significant shunting or reversal of flow was appreciated, although, there was a relative decrement in the right MCA as compared with the left. The right and left siphon, P1 and P2 segments were not seen. The vertebral/basilar system was intact. Pulsatility indices were normal.

### IMPRESSION:

1. Minimal velocity elevations in the right and left ACA of questionable significance.
2. Non visualization of the right and left siphons, P1 and P2 segments.

#### Criteria for vasospasm of the MCA:

Borderline for Vasospasm: 80 - 120 cm/s Mean velocity  
Mild vasospasm: 120 - 150 cm/s Mean velocity  
Moderate vasospasm: 150 - 200 cm/s Mean velocity  
Severe vasospasm: gt 200 cm/s Mean velocity

#### Criteria for vasospasm of the basilar artery:

Severe vasospasm: gt 160 cm/s Mean velocity

Although, this may represent poor window access, cannot rule out occult pathology in those vessels not seen.  
3. Vertebral/basilar system intact.

Read by: TIMOTHY L. GRANT On: Jan 11 2004 12:34P

Transcribed by: pf1 On: Jan 11 2004 1:44P

---

Criteria for vasospasm of the MCA:

Borderline for Vasospasm:	80 - 120 cm/s Mean velocity
Mild vasospasm:	120 - 150 cm/s Mean velocity
Moderate vasospasm:	150 - 200 cm/s Mean velocity
Severe vasospasm:	gt 200 cm/s Mean velocity

Criteria for vasospasm of the basilar artery:

Severe vasospasm:	gt 160 cm/s Mean velocity
-------------------	---------------------------



# Miami Cardiac & Vascular Institute

## NON-INVASIVE VASCULAR LABORATORY

Patient Name:	MENDES, JOSEPH	DOB: 04/26/1938	Age: 65Y	Sex: M
Admission No:	723953790	Order No: 90007	Priority: STAT	
Rad / MR No:	1707982	Pt NS/Room: 4EM-4110		
Referring Dr:	JOSE G. MEJIA, M.D.	Date of Service: Jan 08, 2004		

### \*\*\*\*\*Final Report \*\*\*\*\*

PROCEDURE: BVL 9822 \*NIV CAROTID DUPLEX EVAL

Prior Evaluation:

Chief Complaint: LEFT SIDED WEAKNESS.

Vascular Surgeries / Interventions: POOR HISTORY

### SYMPTOMS

Previous TIA:	Previous CVA:	Cervical Bruit:
Motor Deficit:	Sensory Deficit:	Speech Disturbance: X
Amaurosis Fugax:	Syncope:	Dizziness:

### PREDISPOSING FACTORS

Smoker:	PVD:	Diabetes:
Hyperlipidemia:	Hypertension:	CHF:
Angina:	MI:	

### BLOOD VELOCITIES (CM/S)

BP (mmHg)

	ICA	CCA	ECA	VERTEBRAL	ICA/CCA Ratio	BRACHIAL
RIGHT:	44/19	73/26	46/8	FORWARD	.60	146/86
LEFT:	70/32	80/32	122/22	FORWARD	.87	142/84

**DISCUSSION:** Findings by color duplex scanning indicate minimal homogeneous plaque with no hemodynamically significant stenosis in the extracranial cerebrovascular circulation. The vertebral arteries have forward (antegrade) flow.

**IMPRESSION:** Plaque present, however, there is no hemodynamically significant stenosis in the extracranial cerebrovascular circulation.

Read by: IAN M. REISS On: Jan 8 2004 3:10P

Signed Electronically by: IAN M. REISS On: Jan 13 2004 12:20P

### Diameter Stenosis by Velocity Criteria

0-49% stenosis: PSV lt 130 cm/s	
50-59% stenosis: PSV gt 130 cm/s	
60-69% stenosis: PSV gt 260 cm/s	EDV gt 70 cm/s
70-79% stenosis: PSV gt 260 cm/s	EDV gt 100 cm/s
80-99% stenosis: PSV gt 260 cm/s	EDV gt 125 cm/s

Patient: MENDES, JOSEPH  
Medical Record Number: 1707982

Date of Study: Jan 08, 2004 - Page 2

Transcribed by: pf1 On: Jan 9 2004 5:15A

Diameter Stenosis by Velocity Criteria

0-49% stenosis: PSV lt 130 cm/s	
50-59% stenosis: PSV gt 130 cm/s	
60-69% stenosis: PSV gt 260 cm/s	EDV gt 70 cm/s
70-79% stenosis: PSV gt 260 cm/s	EDV gt 100 cm/s
80-99% stenosis: PSV gt 260 cm/s	EDV gt 125 cm/s

BHM • 8900 SW 88th Street • Miami, FL 33176 • (305) 598-5990





# Miami Cardiac & Vascular Institute

Patient Information:

Mendes, Joseph

1707982 M 65 04/26/38

MENDES, JOSEPH

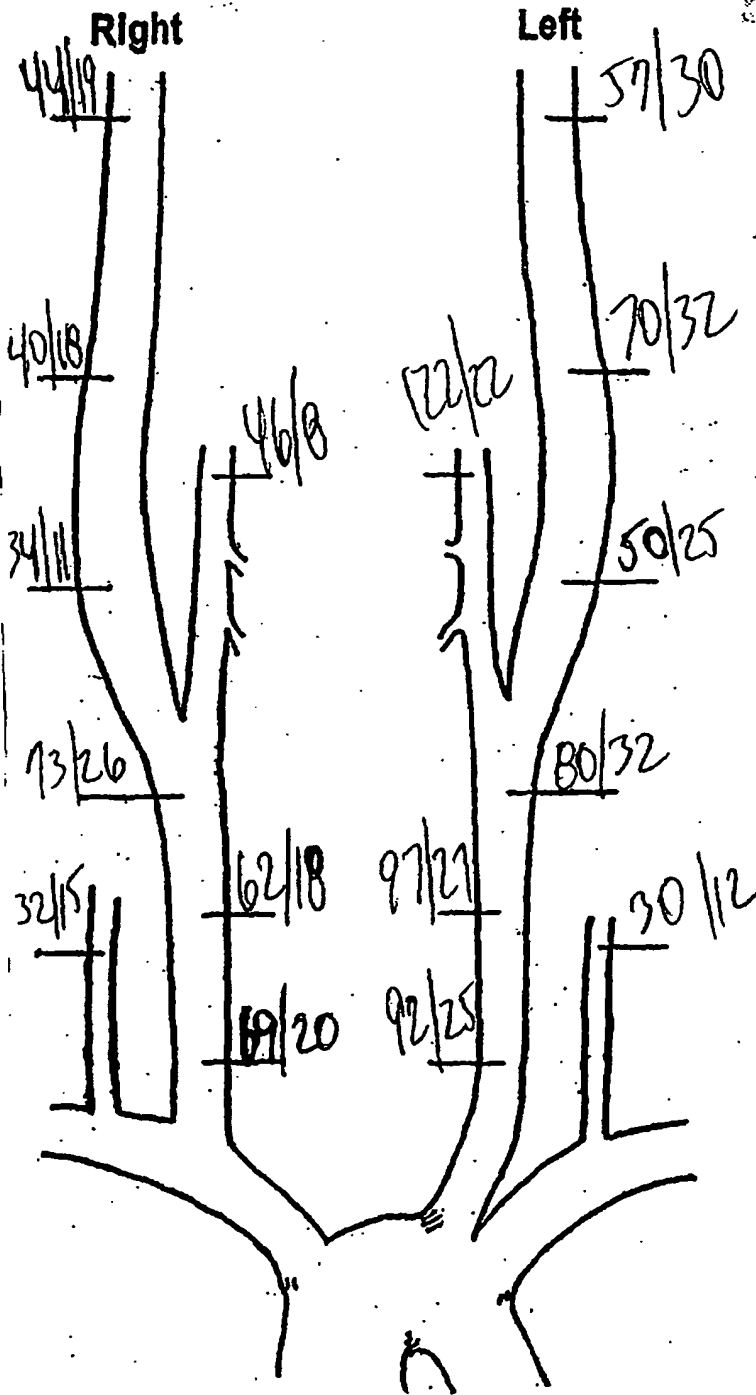
ATSC ER DOCTOR

EMR

01/08/04

ET

## THE NON-INVASIVE VASCULAR LABORATORY EXTRACRANIAL CAROTID DUPLEX EVALUATION PRELIMINARY FINDINGS



☐ Right ☐ Left ☐ Bilaterally

No evidence of plaque formation with no hemodynamically significant stenosis of the internal carotid artery.

☐ Right ☐ Left ☒ Bilaterally

Plaque formation noted with no hemodynamically significant stenosis of the internal carotid artery.

☐ Right ☐ Left ☐ Bilaterally

Findings are suggesting the presence of a hemodynamically significant stenosis of the internal carotid artery.

Comments:

☐ Hx Stent Placed?

Side: ☐ Right ☐ Left

☐ HX CEA?

Side: ☐ Right ☐ Left

DATE:

1/8/04

TAPE #

4.25

TECHNOLOGIST:

*[Signature]*



# Miami Cardiac & Vascular Institute

## NON-INVASIVE VASCULAR LABORATORY

Patient Name: MENDES, JOSEPH  
Admission No: 723953790  
Rad / MR No: 1707982  
Referring Dr: JOSE G. MEJIA, M.D.

DOB: 04/26/1938 Age: 65Y Sex: M  
Order No: 90006 Priority: STAT  
Pt NS/Room: 4EM-4110  
Date of Service: Jan 08, 2004

### \*\*\*Preliminary Report\*\*\*

PROCEDURE: BVL 9827 \*NIV TRANSCRANIAL DUPLEX EVAL

Prior Evaluation: NONE

Chief Complaint: LEFT SIDED WEAKNESS.

### Vascular Surgeries / Interventions:

Brachial Pressure: Right: 146/86mm Hg.					Left: 142/84 mm Hg.				
RIGHT	FL DIR	MEAN NORM	DATA	PI (.80 - 1.2)	LEFT	FL DIR	MEAN NORM	DATA	PI (.80 - 1.2)
MCA	N	35 - 80	30	.94	MCA	N	35 - 80	54	.79
ACA	N	35 - 60	63	.82	ACA	N	35 - 60	67	.89
SIPHON		40 - 60			SIPHON		40 - 60		
P1		30 - 50			P1		30 - 50		
P2		30 - 50			P2		30 - 50		
VA	N	25 - 55	30	.92	VA	N	25 - 55	29	.89
BASILAR	N	25 - 60	31	.90					

### DISCUSSION:

Brachial blood pressures, both within normal limits without significant asymmetries. Insonation of the anterior and posterior cerebral vasculature revealed minimal mean velocity elevation in the right and left ACA. No significant shunting or reversal of flow was appreciated, although, there was a relative decrement in the right MCA as compared with the left. The right and left siphon, P1 and P2 segments were not seen. The vertebral/basilar system was intact. Pulsatility indices were normal.

### IMPRESSION:

1. Minimal velocity elevations in the right and left ACA of questionable significance.
2. Non visualization of the right and left siphons, P1 and P2 segments.

#### Criteria for vasospasm of the MCA:

Borderline for Vasospasm: 80 - 120 cm/s Mean velocity  
Mild vasospasm: 120 - 150 cm/s Mean velocity  
Moderate vasospasm: 150 - 200 cm/s Mean velocity  
Severe vasospasm: > 200 cm/s Mean velocity

#### Criteria for vasospasm of the basilar artery:

Severe vasospasm: > 160 cm/s Mean velocity

Patient: MENDES, JOSEPH  
Medical Record Number: 1707982

Date of Study: Jan 08, 2004 - Page 2

Although, this may represent poor window access, cannot rule out occult pathology in those vessels not seen.  
3. Vertebral/basilar system intact.

Read by: TIMOTHY L. GRANT On: Jan 11 2004 12:34P

Transcribed by: pf1 On: Jan 11 2004 1:44P

Criteria for vasospasm of the MCA:

Borderline for Vasospasm: 80 - 120 cm/s Mean velocity  
Mild vasospasm: 120 - 150 cm/s Mean velocity  
Moderate vasospasm: 150 - 200 cm/s Mean velocity  
Severe vasospasm: > 200 cm/s Mean velocity

Criteria for vasospasm of the basilar artery:

Severe vasospasm: > 160 cm/s Mean velocity

1707982 M 65 04/26/38  
MENDES, JOSEPH  
MISC ER DOCTOR  
723953790 01/08/04 EHR  
ET



# Miami Cardiac & Vascular Institute

## THE NON-INVASIVE VASCULAR LABORATORY TRANSCRANIAL DUPLEX EVALUATION

PATIENT NAME: Mendes, Joseph  
ACCOUNT #: 723953790 M.R.#: 1707982  
PREVIOUS EVALUATION: ☐ YES ☒ NO DATE: \_\_\_\_\_  
REFERRING PHYSICIAN: ED M.D.  
COMPLAINT / INDICATION: Orbital weakness COMMENTS: \_\_\_\_\_

DATE: 1/8/3  
DOB: 4/26/38  
AGE: 65  
ROOM: ED

RIGHT

146 / 86

Brachial Pressure

142 / 84

LEFT

DIR	MEAN NORM	DATA	PI (0.80-1.2)	LOCATION	DIR	MEAN NORM	DATA	PI (0.80-1.2)
<u>N</u>	35-80	<u>30</u>	<u>.94</u>	MCA	<u>N</u>	35-80	<u>54</u>	<u>.79</u>
<u>N</u>	35-60	<u>63</u>	<u>.82</u>	ACA	<u>N</u>	35-60	<u>67</u>	<u>.89</u>
	40-60			SIPHON		40-60		
	30-50			PCA (P1)		30-50		
	30-50			PCA (P2)		30-50		
<u>N</u>	25-55	<u>30</u>	<u>.92</u>	VERTEBRAL		25-55	<u>29</u>	<u>.89</u>
<u>N</u>	25-60	<u>31</u>	<u>.90</u>	BASILAR				

PHYSICIAN COMMENTS

PHYSICIAN SIGNATURE:

This form was: ☐ Copied and delivered ☒ Faxed

Date: 1/8/4

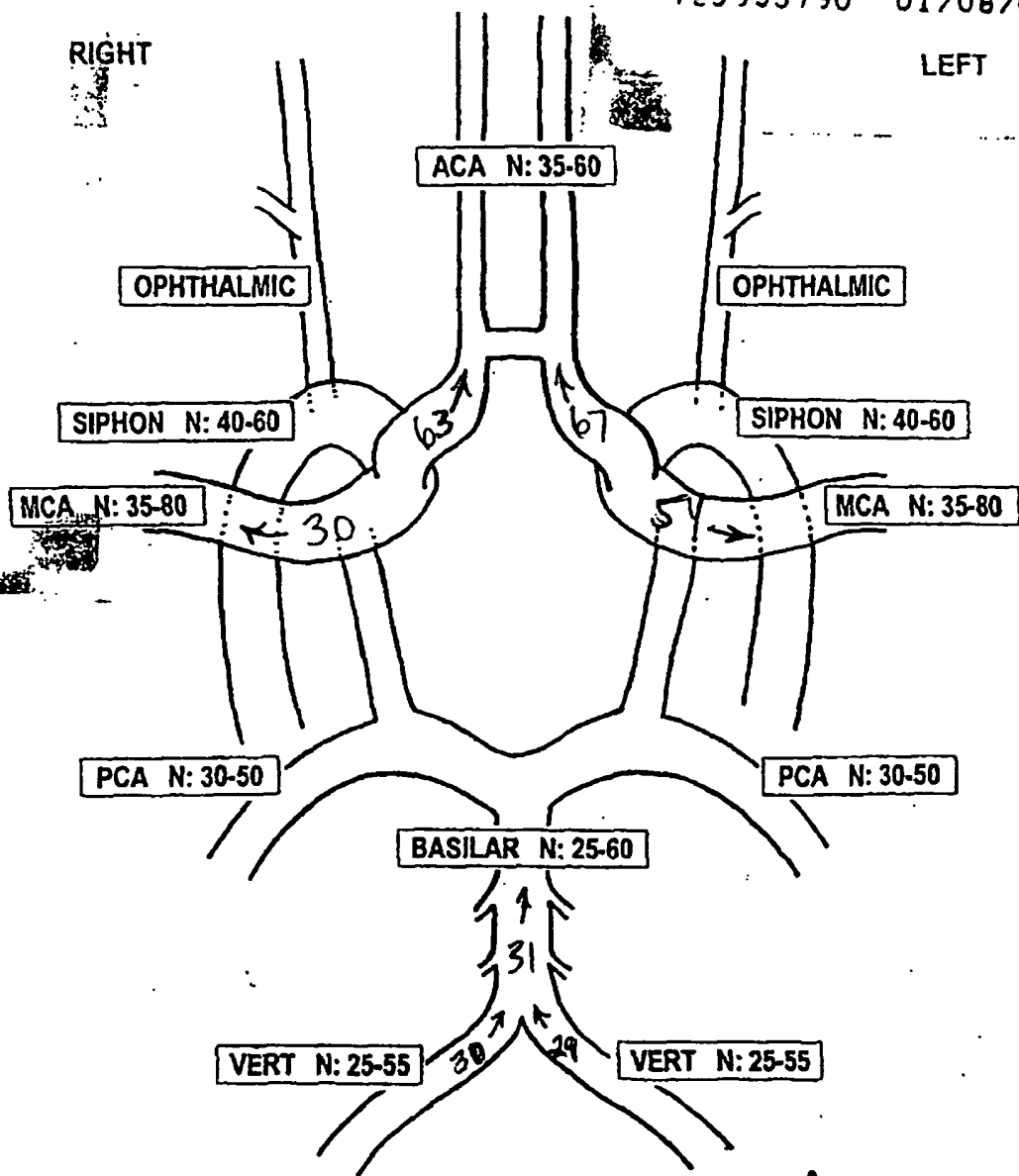
Time: \_\_\_\_\_

CRITERIA FOR MCA VASOSPASM, MEAN VELOCITIES CM/SEC  
BORDERLINE: 80-120 MILD: 120-150 MODERATE: 150-200 SEVERE: >200 (>160 for BASILAR)

1707542 M 65 04/26/31  
MENDES, JOSEPH  
723953790 01/08/04  
EMP  
E1

# TRANSCRANIAL DOPPLER / IMAGING WORK SHEET

1707542 M 65 04/26/31  
MENDES, JOSEPH  
MISC ER DOCTCR  
723953790 01/08/04  
EMP  
E1



ARTERIES NOT INSONATED:

③ Siphon, PCA P1, P2

COMMENTS:

Poor Windows bilat



# Miami Cardiac & Vascular Institute

## NON-INVASIVE VASCULAR LABORATORY

Patient Name: MENDES, JOSEPH DOB: 04/26/1938 Age: 65Y Sex: M  
Admission No: 723953790 Order No: 90007 Priority: STAT  
Rad / MR No: 1707982 Pt NS/Room: 4EM-4116  
Referring Dr: JOSE G. MEJIA, M.D. Date of Service: Jan 08, 2004

### \*\*\*Preliminary Report\*\*\*

PROCEDURE: BVL 9822 \*NIV CAROTID DUPLEX EVAL

Prior Evaluation:

Chief Complaint: LEFT SIDED WEAKNESS.

Vascular Surgeries / Interventions: POOR HISTORY

### SYMPTOMS

Previous TIA:	Previous CVA:	Cervical Bruit:
Motor Deficit:	Sensory Deficit:	Speech Disturbance: X
Amaurosis Fugax:	Syncope:	Dizziness:

### PREDISPOSING FACTORS

Smoker:	PVD:	Diabetes:
Hyperlipidemia:	Hypertension:	CHF:
Angina:	MI:	

### BLOOD VELOCITIES (CM/S)

BP (mmHg)

	ICA	CCA	ECA	VERTEBRAL	ICA/CCA Ratio	BRACHIAL
RIGHT:	44/19	73/26	46/8	FORWARD	.60	146/86
LEFT:	70/32	80/32	122/22	FORWARD	.87	142/84

**DISCUSSION:** Findings by color duplex scanning indicate minimal homogeneous plaque with no hemodynamically significant stenosis in the extracranial cerebrovascular circulation. The vertebral arteries have forward (antegrade) flow.

**IMPRESSION:** Plaque present, however, there is no hemodynamically significant stenosis in the extracranial cerebrovascular circulation.

Read by: IAN M. REISS On: Jan 8 2004 3:10P

#### Diameter Stenosis by Velocity Criteria

0-49% stenosis: PSV lt 130 cm/s	
50-59% stenosis: PSV gt 130 cm/s	
60-69% stenosis: PSV gt 260 cm/s	EDV gt 70 cm/s
70-79% stenosis: PSV gt 260 cm/s	EDV gt 100 cm/s
80-99% stenosis: PSV gt 260 cm/s	EDV gt 125 cm/s

Patient: MENDES, JOSEPH  
Medical Record Number: 1707982

Date of Study: Jan 08, 2004 - Page 2

---

Transcribed by: pf1 On: Jan 9 2004 5:15A

---

Diameter Stenosis by Velocity Criteria

0-49% stenosis: PSV lt 130 cm/s  
50-59% stenosis: PSV gt 130 cm/s  
60-69% stenosis: PSV gt 260 cm/s    EDV gt 70 cm/s  
70-79% stenosis: PSV gt 260 cm/s    EDV gt 100 cm/s  
80-99% stenosis: PSV gt 260 cm/s    EDV gt 125 cm/s

BHM • 8900 SW 88th Street • Miami, FL 33176 • (305) 598-5990



**Baptist  
Hospital**

Neuroscience Center - Electroencephalography Department

ORIGINAL

723953790

8900 North Kendall Drive, Miami, Florida. 33176-2197

Phone: 305.273.2496

Fax: 305.273.2722

<b>Patient Name:</b> MENDES, JOSEPH	<b>Sex:</b> Male	<b>DOB:</b> 04/26/38	<b>Medical Record #:</b> 1707982	<b>EEG #:</b> BH 0487-04	<b>Room #:</b> 4116
<b>Attending Physician:</b> DR. JOSE MEJIA		<b>Reading Physician:</b> DR. FARADJII		<b>Service/Date:</b> 1/8/04 11:37 AM	
<b>Technician:</b> METRIS	<b>EEG Priority:</b> ER STAT	<b>Handedness:</b> Right	<b>Last Attack:</b> 01/08/2004	<b>Last Med:</b> 01/08/2004	
<b>File Name:</b> MENDES, JOSEPH_68184a09-52c8-4a24-a8c6-4db0920cbe35	<b>Instrument:</b> Xitekacq2		<b>Admitting Diagnosis:</b> WEAKNESS		

**Electroencephalography Technical Information**

**Patient Status:**

- |  |  |
|--|--|
| <input type="checkbox"/> Normal              | <input type="checkbox"/> Confused            |
| <input type="checkbox"/> Mentally Challenged | <input type="checkbox"/> Behavior Difficulty |
| <input checked="" type="checkbox"/> Awake    | <input type="checkbox"/> Aphasic             |
| <input checked="" type="checkbox"/> Drowsy   | <input type="checkbox"/> Semi Comatose       |
| <input checked="" type="checkbox"/> Asleep   | <input type="checkbox"/> Comatose            |
| <input type="checkbox"/> Uncooperative       | <input type="checkbox"/> Status Epilepticus  |
| <input type="checkbox"/> Tense               |  |

**Electrodes:** • Disc ○ Collodian ○ Other:

**Placement:**

• 10-20 ○ Manual Special Leads:

**Impedance:**

**Patient History:**

TUMOR RT EYE. THIS ADMIT = SLURRED SPEECH, WEAKNESS ON LT SIDE  
FOUND ON FLOOR AT HOME.

**Patient Condition:**

CONFUSED

**Activation Procedures:**

PHOTIC

**Patient's Medications:**

NO MEDS ON CHART

**Technical Impression:**

NONE





**Baptist  
Hospital**

**Neuroscience Center - Electroencephalography Department**

**ORIGINAL**

8900 North Kendall Drive, Miami, Florida, 33176-2197 Phone: 305.273.2496 Fax: 305.273-2722

Patient Name	Sex	DOB	EEG#	Medical Rec#	Creation Time
MENDES, JOSEPH	Male	04/26/38	BH 0487-04	1707982	01/08/04 10:45:17 AM
Attending Physician	Reading Physician			Room#	
DR. JOSE MEJIA	DR. FARADJI			4116	

**Electroencephalography Report**

**Condition of Recording:**

☐ Good ☐ Fair ☐ Poor

**Description of Brain Rhythms:**

Alpha (8-12HZ): \_\_\_\_\_ HZ \_\_\_\_\_ uV

Beta (13 + HZ): \_\_\_\_\_ HZ \_\_\_\_\_ uV

Theta (4-7HZ): \_\_\_\_\_ HZ \_\_\_\_\_ uV

Delta (1-3HZ): \_\_\_\_\_ HZ \_\_\_\_\_ uV

**Activation Procedure:**

**Hyperventilation:**

**Photic Stimulation:**

**Sleep:** ☐ None ☐ Stage I ☐ Stage II ☐ Stage III ☐ Stage IV ☐ REM

**Impression:**

Mild encephalopathy  
more prominent over  
the (R) hemisphere  
⊖ 52

**JAN 09 2004**

**DELIVERED TO  
NURSES' STATION**

**JAN 12 2004**

Interpreted by: C.P.

☒ Dr. Carlos Ramirez-Mejia

☐ Dr. Steven Kobetz

☐ Dr. Victor Faradji

☐ Dr. Steven Wheeler

☐ Dr. Alan Herskowitz

☐ Dr. Bernard Gran

☐ Dr. Guillermo Martinez

☐ Dr. Alvaro Lacayo

☐ Dr. David Racher

☐ Other: \_\_\_\_\_

☐ Dr. Ricardo Garcia-Rivera

☐ Dr. Kenneth Butler

☐ Dr. James Gorelick

☐ Dr. Joseph Durozel

☐ Dr. Brad Herskowitz

☐ Dr. Nelson Sanchez

☐ Dr. Seth Hochman

☐ Dr. Gonzalo Yanez

☐ Dr. Perla Perut



**Baptist Hospital  
of Miami**

1707582 M ES 04/  
MENDES, JOSEPH  
NISC ER CLCTN  
723953790 01/08/04

# **ACUTE REHABILITATION PHYSICAL THERAPY PROGRESS NOTES**

KEY:		Patient Performs		KEY:		Patient Performs	
Total Assistance	.....	Total A	... = less than 25%	Modified Independence	... Mod (1)	... = Assistive device or too slow	
Maximal Assistance	.....	Max A	... = 25%-49%	Complete Independence	...(1) • (2) CVA		
Moderate Assistance	.....	Mod A	... = 50%-74%	Verbal Cues	..... VC		
Minimal Assistance	.....	Min A	... = 75%-100%	Manual Cues	..... MC		
Contact Guarding	.....	CG	... = 100% needs contact for safety	Areas Worked On	..... ✓		
Supervision or Set-up	..... (S)		... = Visual/Positioning				
DATE		01/08/04		1/9/04		1-10-04	
CODE	AM						111104
	PM	1013		137			137
TIME	AM						
	PM	3:45					
INITIALS	AM						
	PM	XO MSPT		fun			fun
	AM						
	PM						
EVALUATION / RE-EVALUATION							
EDUCATION Patient / Family		Pt/family		Pt+FM			Pt+FM
MOTOR PLANNING / PROBLEM SOLVING							
THERAPEUTIC EXERCISES							
Passive Exercise / Stretching							
Active / Assisted ROM		(BLE's)		BLE			BLE
Other							
Coordination Exercise							
BED MOBILITY							
Positioning		Min (2)		full push		unim (2)	Miniv
Rolling							
Scouting							
Supine - Sitting						4min (2)	
Sitting - Standing		Mod (2)				4min (2)	
TRANSFERS		Mod (2)		Mod A		4min (2)	Mod/min
SITTING BALANCE		Mod/Min		Mod A		4min (2)	
STANDING BALANCE		Mod (2)		Mod/min		4min (2)	
EQUIPMENT LOANED TO PATIENT		PW					
GAIT TRAINING							
Standing Table / Tilt Table							
Without Assistive Device				May Pt+Mod (2)			May Pt
Parallel Bars							
Walker / Crutches / Roller Walker / Hemi / Platform Walker		Mod (2) X2		Mod (2)			
Cane (Quad, Standard)							
Other Aids (AFO, Long leg brace, TLSO, Prosthesis, Diabetic Shoe, Oxygen, Telemetry, IV pole, Chest tube)							
LEVEL GROUND / DISTANCE		20'		40'		15' x 2	20' x 2
Stairs / Curbs							
NEUROMUSCULAR RE-EDUCATION						Approximation (BLE) HE	
PNF/NMF							
PROSTHETIC TRAINING							
Donning / Doffing							
Hot Packs / Cold Packs / US / Massage / ES / TENS							
RESTRAINTS							
Removed from bed/chair before treatment							
Replaced to chair/bed after treatment							





Comments: (Please write signature, date and initials after each entry)

• 01/08/04 → Initial Evaluation completed. Please refer to oral form for findings, 30915 + TK ~~Respected MSPT~~

1/9/04 Pt seen this AM. Instructed in functional reach Max A. Instructed to manipulate Max A 12 ~ 40. requiring A to advance @ LE. Pt returned to room & voiced understanding of instructions. ~~understand~~

1-10-04 Pt cleared by med for P.T. Pt transferred supine → sit → stand. Max A & ambulated Max A x 2 app 15'2" - using walker - returning to bed. Pt continues to difficulty ambulating @ LE which continues to buckle. Instructed largely on how to perform approximation technique to @ UE/LE. Last. P.O.C. ~~understand~~

1/11/04 Pt seen today. Instructed in functional reach @ neck/Max A. Pt. instructed in gait activities. Max A x 2. Request made verbal advice & @ to advance @ LE. Pt. appears to have little to no awareness of LE. Pt is very reluctant to participate in P.T. ~~understand~~





# Baptist Hospital of Miami

## ACUTE REHABILITATION OCCUPATIONAL THERAPY PROGRESS NOTES

Joseph Mendez

KEY:		Patient Performs		KEY:		Patient Performs	
Total Assistance	.....	Total A	..... =less than 25%	Modified Independence	.....	Mod (I)	..... =Assistive device or too slow
Maximal Assistance	.....	Max A	..... =25% - 49%	Complete Independence	.....	(I)	
Moderate Assistance	.....	Mod A	..... =50% - 74%	Verbal Cues	.....	VC	
Minimal Assistance	.....	Min A	..... =75% - 100%	Manual Cues	.....	MC	
Contact Guarding	.....	CG	..... =100%, needs contact for safety	Areas Worked On	.....	✓	
Supervision or Set-up	.....	(S)	..... = Visual / Positioning				
DATE	01/09/04			01/09/04	1/13/04	1/14/04	
CODE	0890			0890	1029	see note	
TIME	10:00-10:45			10:00-10:45	11:00-11:50	1	1
SIGNATURE	Joseph Mendez			Joseph Mendez	Joseph Mendez	16	
FUNCTIONAL EVALUATION / RE-EVALUATION							
UE / HAND EVALUATION							
PEDIATRIC EVALUATION / RE-EVALUATION							
ADL TRAINING							
Feeding/Grooming/Oral Hygiene							
UE Dressing with (w/o) assistive device							
LE Dressing/Shoes / Socks with/ w/o assistive device							
Adaptive Equipment Training /Recommended							
Kitchen Training/Homemaking/Bathroom							
Total Hip Precaution Training/Applications							
WORK SIMPLIFICATION/JOINT							
PROTECTION/BODY MECHANICS							
HEAD/NECK CONTROL							
TRUNK/PELVIC CONTROL/MOBILITY/							
ROTATIONAL ACTIVITIES							
Sitting Balance							
Standing Balance/Tolerance							
UPPER EXTREMITY COORDINATION							
Gross Motor R - (L) Fine Motor R - (L)							
Eye-Hand / Bilateral Integration							
Writing / Graphics							
UPPER EXTREMITY ACTIVITIES/EXERCISE							
PROM / Active Assistive Exercise / Self Ranging							
AROM / Active Resistive Exercise / Mild-Moderate							
Edema Control/Retrograde Massage							
Joint Mobilization/Soft Tissue Mobilization							
Positioning							
Ice/Moist Heat/Fluido Tx/Paraffin/US/ EMS							
Whirlpool							
Dressing Change/Wound Care							
NEUROMUSCULAR FACILITATION/INHIBITION							
Vibration, tapping, quick stretch							
Developmental Sequencing							
Associated Reactions/PNF/NDT							
Neutral Warmth/Slow Rocking/Deep Tendon Pressure							
Vestibular Stimulation							
Proprioceptive Input/Weight Bearing							
Sensory/Tactile Stimulation							
Oral Facial Exercises							







**Baptist Hospital  
of Miami**

Mendes, Joseph  
72 39537 90

**ACUTE REHABILITATION  
PHYSICAL THERAPY PROGRESS NOTES**

KEY:		Patient Performs		KEY:		Patient Performs	
Total Assistance	.....	Total A	... = less than 25%	Modified Independence	... Mod (1) ..	= Assistive device or too slow	
Maximal Assistance	.....	Max A	... = 25%-49%	Complete Independence	...(1)		
Moderate Assistance	.....	Mod A	... = 50%-74%	Verbal Cues	..... VC		
Minimal Assistance	.....	Min A	... = 75%-100%	Manual Cues	..... MC		
Contact Guarding	.....	CG	... = 100% needs contact for safety	Areas Worked On	..... ✓		
Supervision or Set-up	..... (S) .....	= Visual/Positioning					
DATE		1/12/04		1/14/04		1/15/04	
CODE	AM					1237	
	PM	1237/3:30 PM		1237			
TIME	AM						
	PM	empty room					
INITIALS	AM						
	PM						
	AM	(PM)	AM	PM	AM	PM	AM
	PM						PM
<b>EVALUATION / RE-EVALUATION</b>							
EDUCATION Patient / Family							
MOTOR PLANNING / PROBLEM SOLVING							
THERAPEUTIC EXERCISES							
Passive Exercise / Stretching							
Active / Assisted ROM							
Other							
Coordination Exercise							
<b>BED MOBILITY</b>							
Positioning							
Rolling							
Scooting							
Supine - Sitting							
Sitting - Standing							
<b>TRANSFERS</b>							
<b>SITTING BALANCE</b>							
<b>STANDING BALANCE</b>							
<b>EQUIPMENT LOANED TO PATIENT</b>							
<b>GAIT TRAINING</b>							
Standing Table / Tilt Table							
Without Assistive Device							
Parallel Bars							
Walker / Crutches / <u>Roller Walker</u> / Hemi / Platform Walker							
Cane (Quad, Standard)							
Other Aids (AFO, Long leg brace, TLSO, Prosthesis, Diabetic Shoe, Oxygen, Telemetry, IV pole, Chest tube)							
<b>LEVEL GROUND / DISTANCE</b>							
Stairs / Curbs							
<b>NEUROMUSCULAR RE-EDUCATION</b>							
PNF/NMF							
<b>PROSTHETIC TRAINING</b>							
Donning / Doffing							
Hot Packs / Cold Packs / US / Massage / ES / TENS							
<b>RESTRAINTS</b>							
Removed from bed/chair before treatment							
Replaced to chair/bed after treatment							





Comments: (Please write signature, date and initials after each entry)

1/12/04 Pt. seen & cleared  
by Nrs. Pt. requires Mod → min A x bed mobility act's &  
Mod A x transfers act's F/B GT. C.R.W. = 15' x 2' + MAX →  
Mod A x 2 V.C.'s requiring A to advance B LE. & V.C.'s for  
proper gait sequence. Pt. left in chair & Son at (5) &  
call button within reach. Nurse in room. Pt. is very motivated  
to participate in PT. Cont. C.P.O.C. as able — *engaging RMTA*  
1/14/04 Pt. seen today. Eager to participate in P.T. Pt.  
instructed in standing from sitting & mini A. & weight  
shifting in standing. Pt. instructed to ambulate to  
nurse's room & assistance to keep B knee on extension  
and ~~from~~ pushing stance on C LE. Pt. & son voiced  
understanding of restrictions. *Medications.*  
1/15/04 Pt. seen today. Instructed in fundamental  
walk & waddling. Pt. found & read Max 2' x 2'  
~ 20' x 2'. *Medications*





# SPEECH-LANGUAGE PATHOLOGY PROGRESS NOTE

\_\_\_\_\_





Baptist Hospital  
of Miami

**SPEECH-LANGUAGE PATHOLOGY  
PROGRESS NOTE**

1707982 M 65 04/26/38  
MENDES, JOSEPH  
VAZQUEZ, CARLOS A EDA  
723953790 01/08/04 IA

1/9/04 Eval. attempted, pt was sleeping, family member reported noisy hard  
time last night i med. for anxiety requesting seeing him at another time. JCB/AN





**Baptist Hospital  
of Miami**

# **SPEECH-LANGUAGE PATHOLOGY PROGRESS NOTE**

1707982 M 65 04/26/38  
MENDES, JOSEPH  
VAZQUEZ, CARLOS A EDA  
723953790 01/08/04 IA

KEY			Minimal Assistance		Min A		75 - 89 %	
Level of Assistance			Supervision or Setup		(S)		90 - 100 %	
Total assistance	Total A	Patient Performs	Modified Independence		Mod I		Slow / assistive device	
Maximal Assistance	Max A	Less than 25 %	Complete Independence		(I)			
Moderate Assistance	Mod A	25 - 49 %	Verbal cues = (VC)		- = Decline		+ = Improvement	
		50 - 74 %						
Signatures	DATE	1/12/04	1/12/04	1/15/04				
<i>[Signature]</i>	AM	PM	AM	PM	AM	PM	AM	PM
<i>[Signature]</i>	CODE	1088	1195					
<i>[Signature]</i>	TIME	8:50-9:30	10:27			13:50-14:00		
	INITIALS	JL	JL			JL		
<input checked="" type="checkbox"/> Evaluation	<input type="checkbox"/> Re-Evaluation	<input checked="" type="checkbox"/>						
Bedside Swallowing Evaluation								
Modified Barium Swallow (MBS)			<input checked="" type="checkbox"/>					
Screening								
Pre-feeding Exercises								
Oral Motor / Swallowing Exercises								
Swallowing Treatment								
Auditory Comprehension								
Verbal Expression								
Social Language Skills								
Reading Comprehension								
Written Expression								
Alternative Communication								
Attention / Concentration								
Problem Solving / Reasoning								
Memory Skills								
Judgment / Safety								
Speech Production / Intelligibility								
Respiration / Phonation/Articulation								
Rate / Prosody								
Fluency								
Voice								
Speaking Valve								
Home Exercise Program (HEP)								
Goals reviewed with patient / family								
Education	<input checked="" type="checkbox"/> Patient	<input type="checkbox"/> Family						
Conference	<input type="checkbox"/> Team	<input type="checkbox"/> Family						
Strategy Use Training								





Baptist Hospital  
of Miami

SPEECH-LANGUAGE PATHOLOGY  
PROGRESS NOTE

1707982 M 65 04/26/38  
MENDES, JOSEPH  
VAZQUEZ, CARLOS A EDA  
723953790 01/08/04 IA

1/12/04 EVAL. Completed Cee report for details JG (JG) (JG)  
1/13/04 Rt. Long Med to Rehab (Henderson) Rt. &  
hurry care. Continued follow-up & speech Rx to further  
address higher level cognitive & communication skills. This follow-up  
assessment





**Baptist Hospital  
of Miami**

1707982 M 65 04/26/38  
MENDES, JOSEPH  
VAZQUEZ, CARLOS A EDA  
723953790 01/08/04 IA

## MODIFIED BARIUM SWALLOW STUDY

Date: 12/04 Onset Date

☒ Inpatient ☐ Outpatient

Name <u>Joseph Mendes</u> Sex <input checked="" type="checkbox"/> M <input type="checkbox"/> F Age <u>65</u> Diagnosis <u>WA</u>	
Medical History <u>see chart</u> <input checked="" type="checkbox"/> Initial MBS <input type="checkbox"/> F/U MBS - Date(s) of previous studies <u>N/A</u>	
Physician <u>Carlos A Vazquez</u> Phone # <u>305 442 0028</u> Fax # <u>N/A</u>	
<input type="checkbox"/> Trach / Vent <input type="checkbox"/> Cuffless <input type="checkbox"/> Cuffed <input type="checkbox"/> Inflated for MBS <input type="checkbox"/> Deflated for MBS	
<b>REASON FOR REFERRAL</b>	
<input checked="" type="checkbox"/> R/O Aspiration <input checked="" type="checkbox"/> Assess / Re-assess for diet modification / determine safest consistencies <input type="checkbox"/> Other	
<b>PREVIOUS SWALLOWING STATUS</b> <input checked="" type="checkbox"/> WNL's <input type="checkbox"/> WFL's <input type="checkbox"/> Impaired <input type="checkbox"/> Unknown	
<b>CURRENT SWALLOWING STATUS</b>	
Diet Level: Solids <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Soft <input type="checkbox"/> Mechanical Soft <input type="checkbox"/> Pureed Liquids <input checked="" type="checkbox"/> Thin <input type="checkbox"/> Thickened - consistency _____ <input type="checkbox"/> NPO with primary nutrition via <input type="checkbox"/> PEG tube <input type="checkbox"/> NG/ND Tube <input type="checkbox"/> IV Fluids <input type="checkbox"/> Other _____	
Symptoms _____	
<b>FOOD CONSISTENCIES USED DURING STUDY</b>	
<input checked="" type="checkbox"/> Thin liquid Ba <input type="checkbox"/> tsp _____ <input checked="" type="checkbox"/> cup <u>1</u> <input checked="" type="checkbox"/> Thick liquid Ba <input type="checkbox"/> Nectar Consistency <input type="checkbox"/> tsp _____ <input checked="" type="checkbox"/> cup <u>1</u> <input type="checkbox"/> Honey Consistency <input type="checkbox"/> tsp _____ <input type="checkbox"/> cup _____ <input checked="" type="checkbox"/> Pudding consistency Barium <input checked="" type="checkbox"/> tsp <u>1</u> <input checked="" type="checkbox"/> Cookie with Barium Paste <input checked="" type="checkbox"/> tsp <u>1</u> <input type="checkbox"/> Other _____	
<b>RECOMMENDATIONS</b>	
A. Diet: Solids <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Soft <input type="checkbox"/> Mechanical soft <input type="checkbox"/> Puree Liquids <input checked="" type="checkbox"/> Thin <input type="checkbox"/> Restrictions _____ <input type="checkbox"/> Thickened <input type="checkbox"/> Nectar consistency <input type="checkbox"/> tsp _____ <input type="checkbox"/> cup _____ <input type="checkbox"/> Honey consistency <input type="checkbox"/> tsp _____ <input type="checkbox"/> cup _____ <input type="checkbox"/> Pudding consistency <input type="checkbox"/> tsp _____ <input type="checkbox"/> No liquids <input type="checkbox"/> No straws <input type="checkbox"/> NPO with alternative means of nutritional support per MD's discretion <input type="checkbox"/> Dietary consult <input type="checkbox"/> Use thickener for liquids specified	
B. Strategies: <input type="checkbox"/> Small amounts <input type="checkbox"/> Dry swallow <input type="checkbox"/> Alternate liquids / solids <input type="checkbox"/> Positioning _____ <input type="checkbox"/> Head rotation R / L <input type="checkbox"/> Chin tuck _____ <input type="checkbox"/> Supervision <input type="checkbox"/> Other _____	
C. Therapy: <input type="checkbox"/> Oral motor / swallowing exercises <input type="checkbox"/> Therapeutic feedings <input type="checkbox"/> DPNS (Deep Pharyngeal Neuromuscular Stimulation)	
D. Prognosis: <input type="checkbox"/> Excellent <input checked="" type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Guarded with recommendations.	
E. Follow Up Study recommended <u>N/A</u>	
F. Patient/Caregiver Goals <u>eat safely</u>	
<b>IMPRESSION</b>	
<u>Mild oral stage dysphagia characterized by premature spillage &amp; pooling in</u> <u>valleculae during thin liquid trials by cup</u>	



\*07300BF1717\*

Designation: White - Medical Records / Canary - Clinician

Page 1 of 2 • Form #1717 (Rev. 2/03)



**Baptist Hospital  
of Miami**

1707982 M 65 04/26/38  
MENDES, JOSEPH  
VAZQUEZ, CARLOS A EDA  
723953790 01/08/04 IA

## MODIFIED BARIUM SWALLOW STUDY

<b>A. Oral Stage of Swallow</b>		<input type="checkbox"/> WFL's
<input type="checkbox"/> Impaired anterior / posterior bolus propulsion	<input type="checkbox"/> Impaired lip seal / dribbling	<input type="checkbox"/> Piece-mealing (vertical chewing)
<input checked="" type="checkbox"/> Impaired tongue control with premature spillage / pooling occurred during thin liquid trials	<input type="checkbox"/> Impaired chewing	<input type="checkbox"/> Impaired clearing of oral cavity
<input type="checkbox"/> Increased oral transit time	<input type="checkbox"/> Other _____	
Dentition	<input checked="" type="checkbox"/> Intact <input type="checkbox"/> Missing dentition	<input type="checkbox"/> Edentulous
	<input type="checkbox"/> Dentures	<input type="checkbox"/> Present / <input type="checkbox"/> Not present
Comments: _____		
<b>B. Pharyngeal Stage of Swallow</b>		<input type="checkbox"/> WFL's
Pooling prior to swallow	<input type="checkbox"/> Not observed <input checked="" type="checkbox"/> Observed to level of	<input checked="" type="checkbox"/> Valleculae sinuses during thin liquid trial by cup
	<input type="checkbox"/> Pyriform sinuses	_____
Swallow reflex	<input checked="" type="checkbox"/> Timely <input type="checkbox"/> Delayed	<input type="checkbox"/> Absent
<input type="checkbox"/> Impaired laryngeal elevation / excursion _____		
<input type="checkbox"/> Impaired epiglottic closure / deflection _____		
Aspiration	<input checked="" type="checkbox"/> Not observed <input type="checkbox"/> Reflexive cough <input type="checkbox"/> Volitional cough	<input type="checkbox"/> Observed <input type="checkbox"/> Absent <input type="checkbox"/> Productive
	<input type="checkbox"/> Before <input type="checkbox"/> Present <input type="checkbox"/> Non-productive	<input type="checkbox"/> During <input type="checkbox"/> Productive <input type="checkbox"/> Non-productive
	<input type="checkbox"/> After swallows <input type="checkbox"/> Non-productive	<input checked="" type="checkbox"/> N/A
Comments: _____		
Penetration	<input checked="" type="checkbox"/> Not observed <input type="checkbox"/> Reflexive cough <input type="checkbox"/> Volitional cough	<input type="checkbox"/> Observed <input type="checkbox"/> Absent <input type="checkbox"/> Productive
	<input type="checkbox"/> Before <input type="checkbox"/> Present <input type="checkbox"/> Non-productive	<input type="checkbox"/> During <input type="checkbox"/> Productive <input type="checkbox"/> Non-productive
	<input type="checkbox"/> After swallows <input type="checkbox"/> Non-productive	<input checked="" type="checkbox"/> N/A
Comments: _____		
Pharyngeal Contraction	<input checked="" type="checkbox"/> Adequate <input type="checkbox"/> Impaired	<input type="checkbox"/> Residue observed in <input type="checkbox"/> Valleculae <input type="checkbox"/> Pyriform Sinuses
Comments: _____		
<b>C. Compensatory swallowing techniques attempted</b>		
<input checked="" type="checkbox"/> N/A <input type="checkbox"/> Chin tuck	<input type="checkbox"/> Head rotation R / L	<input type="checkbox"/> Dry swallow <input type="checkbox"/> Alternating liquids / solids
Comments: _____		
<b>EDUCATION</b>		
<input checked="" type="checkbox"/> Results and recommendations were discussed with <input checked="" type="checkbox"/> patient <input checked="" type="checkbox"/> caregiver <input checked="" type="checkbox"/> N (Video on file in department)		
<input type="checkbox"/> Unable to discuss - reason _____		
<input checked="" type="checkbox"/> In agreement <input type="checkbox"/> Not in agreement - reason why _____		
<b>SIGNATURES</b>		
Speech-Language Pathologist/Extension	Radiologist	



\*07300BF1717\*

Designation: White - Medical Records / Canary - Clinician  
Page 2 of 2 • Form #1717 (Rev. 2/03)

## Type of visit

- ☐ New or over 3 years ☐ Follow-up (established patient)  
☐ Care ☐ 2nd opinion ☐ Consult ☐ Pre-op ☐ Post-op

## Consultation

## Request

- ☐ Letter  
☐ Phone  
☐ Other

## Report

- ☐ Dictated  
☐ Phone  
☐ Other

Referring Physician \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Fax \_\_\_\_\_

E-mail \_\_\_\_\_

## Current symptoms:

location  
 severity/quality  
 duration  
 timing  
 context  
 modified by  
 associated signs and  
 symptoms  
 impact on lifestyle

## Chronology of illness:

onset and course of  
 illness, including  
 medical and surgical  
 treatment, and by whom

Last eye exam (when, where,  
 by whom?)

Interval history since last visit  
 here

## Reason/purpose of visit (symptom, complaint, diagnosis, condition, problem):

Pat states VA slightly better since last visit  
 History of Present Illness (summary and history of interval since last visit here):

Hx: Bil Lasiks on 5 yrs ago

SP Photo IOL OD - 6/22/04

OS - 12/01

C/o having a film OD since SP OD 705

## Current Ocular Medications:

Ø

## Review of Systems, Past, Medical, Social History

- ☒ See today's patient questionnaire. ☐ See Problem List created or updated today.  
☐ No change since history recorded on \_\_\_\_\_ (date) except as recorded below.

Changes since last review and items of particular note:

## Visual Acuity

## Distance

## Near

	without correction	with present glasses	with pinhole	with glare (or lights on)
OD	20/30-	20/30	NI	
OS	70+1	60-	NI	

	without correction	with glasses
OD		
OS		

## Best Corrected Acuity

Wearing (How old? \_\_\_\_\_)

OD: \_\_\_\_\_ = \_\_\_\_\_ x \_\_\_\_\_ → \_\_\_\_\_ Add: \_\_\_\_\_ → \_\_\_\_\_  
 OS: \_\_\_\_\_ = \_\_\_\_\_ x \_\_\_\_\_ → \_\_\_\_\_ Add: \_\_\_\_\_ → \_\_\_\_\_

OD: \_\_\_\_\_ = \_\_\_\_\_ x \_\_\_\_\_ Add: \_\_\_\_\_  
 OS: \_\_\_\_\_ = \_\_\_\_\_ x \_\_\_\_\_ Add: \_\_\_\_\_

• CONFRONTATION FIELDS normal OU

## • OCULAR MOTILITY

orthophoria in primary gaze full ductions

• ADNEXAE WNL

• PUPILS AND IRIS no APD OU

• IOP OD: 07 OS: 08 Time measured: \_\_\_\_\_ Time used glaucoma meds: \_\_\_\_\_  
☐ Appl ☐ Tonopen ☐ Pneumo ☐ Not done: child trauma possible infectious disease

PUPILS DILATED: Time: \_\_\_\_\_ Meds used: \_\_\_\_\_ Pat did not want dil.

ANNE BATES LEACH EYE HOSPITAL  
 BASCOM PALMER EYE INSTITUTE  
 FLORIDA

## OCULAR EVALUATION

NAME: Afendes Joseph

MRN: 838494

AGE: \_\_\_\_\_ DOB: 1/1/11

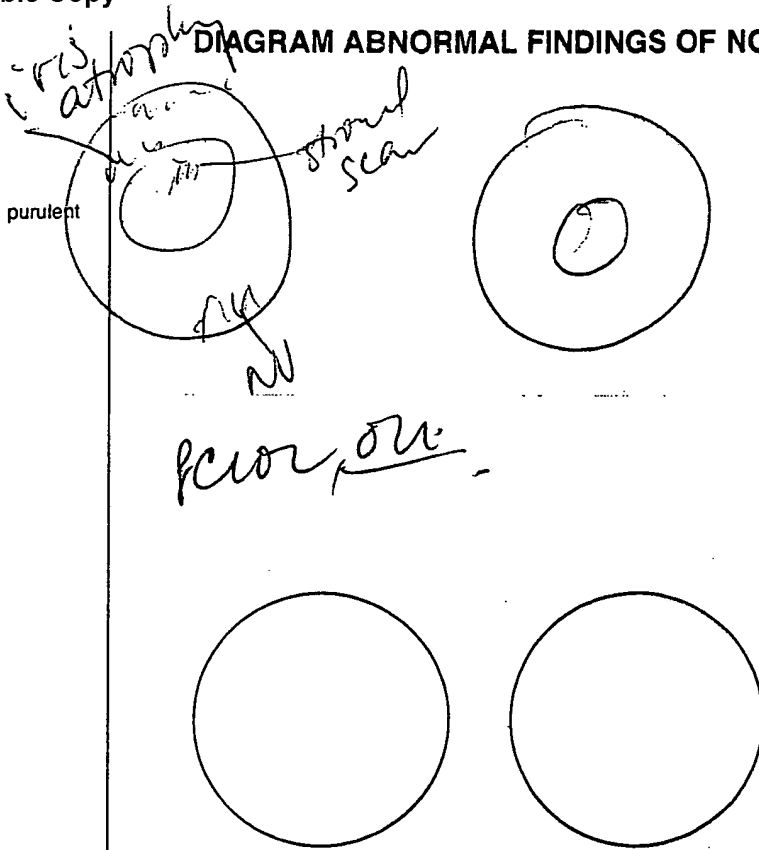


**ANTERIOR SEGMENT**

- eyelid margin    clean    mild scurf    MGD  
 puncta    good position    everted    stenosis  
 • conjunctiva    white    quiet  
 • cornea WNL  
   tear film: WNL    dry    excessive    mucoid    purulent  
   epithelium: WNL    PEE  
   stroma: WNL    thick    clear    cloudy  
   endothelium: WNL    guttata    no guttata  
 • anterior chamber  
   depth    deep centrally    deep peripherally  
   cells & flare    quiet  
 Iris    WNL  
 • lens  
   cortex    clear    early opacity  
   capsule    clear    PSC  
   nucleus    clear    early NS  
 gonioscopy    open, wide

**POSTERIOR SEGMENT**

- Vitreous    clear    posterior detachment  
 • Optic disc:    physiologic    no change  
 • Retina:  
   macula    WNL    drusen  
   vessels    WNL    narrow  
   periphery    WNL    lattice

**DIAGRAM ABNORMAL FINDINGS OF NOTE****ADDITIONAL EXAMINATION AND EXTENDED SERVICE**

**DIAGNOSTIC IMPRESSIONS** Condition: stable—satisfactory    improving    deteriorating

*Exam irreg astig, OS  
 corneal scanning on.*

**MANAGEMENT PLAN**

*try pssyback CL, OS.  
 will need readers over  
 CL.*

Schedule next visit for: \_\_\_\_\_

Refract	PKS	Fluor angio
Gonioscopy	Keratometry	Echography
Visual Field	Dilated Fundus Exam	Other: _____

(Signature)

(Signature)

(Print Name)

(Print Name)

- ☐ technician    ☐ resident    ☐ fellow    ☒ faculty  
☐ optometrist    ☐ optometric trainee    ☐ nurse

- ☐ technician    ☐ resident    ☐ fellow    ☐ faculty  
☐ optometrist    ☐ optometric trainee    ☐ nurse

**Teaching Physician Note:** I interviewed and examined the patient. Date: \_\_\_\_\_  
 Briefly, the reason(s) for today's visit and history is:

On examination, of particular note I observed:

Other considerations (lab test results, etc.) include:

My diagnostic impression is:

Care plan is:

See other information recorded today for further details. Faculty Physician Signature \_\_\_\_\_

Type of visit ☐ New or over 3 years ☐ Follow-up (established patient)  
☐ Care ☐ 2nd opinion ☐ Consult ☐ Pre-op ☐ Post-op

**Consultation**

Request ☐ Letter ☐ Dictated  
☐ Phone ☐ Phone  
☐ Other ☐ Other

Referring Physician \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_ E-mail \_\_\_\_\_

Current symptoms:  
location  
severity/quality  
duration  
timing  
context  
modified by  
associated signs and  
symptoms  
impact on lifestyle  
Chronology of illness:  
onset and course of  
illness, including  
medical and surgical  
treatment, and by whom  
Last eye exam (when, where,  
by whom?)  
Interval history since last visit  
here

**Reason/purpose of visit (symptom, complaint, diagnosis, condition, problem):**

Rt notice & qn Vaad Pike film over op is very  
History of Present Illness (summary and history of interval since last visit here):  
photophobia! feels FBs all symptoms in OD

Sp phaco 11/02 OD 6/22/04  
" " OS 12, 2001  
Lasik on '99

**Current Ocular Medications:**

**Review of Systems, Past, Medical, Social History**

☐ See today's patient questionnaire. ☐ See Problem List created or updated today.  
☐ No change since history recorded on \_\_\_\_\_ (date) except as recorded below.

Changes since last review and items of particular note:

**Visual Acuity**

**Distance**

**Near**

	without correction	with present glasses	with pinhole	with glare (or lights on)	without correction	with glasses
OD	20/40		N-3			
OS	20/60 1/2		N-3			

**Best corrected acuity**

OD: 0.50 = 1.00 x 135° 20/30 N-3  
OS: 1.50 = 2.00 x 115° 20/60 N-3

**Wearing** (How old? \_\_\_\_\_)

OD: \_\_\_\_\_ = \_\_\_\_\_ x \_\_\_\_\_ Add: \_\_\_\_\_  
OS: \_\_\_\_\_ = \_\_\_\_\_ x \_\_\_\_\_ Add: \_\_\_\_\_

• CONFRONTATION FIELDS normal OU

**OCULAR MOTILITY**

orthophoria in primary gaze full ductions

• ADNEXAE WNL

• PUPILS AND IRIS no APD OU

• IOP OD: 14 OS: 13 Time measured: 3:35 Time used glaucoma meds: \_\_\_\_\_  
☒ Appl ☐ Tonopen ☐ Pneumo ☐ Not done: child trauma possible infectious disease

PUPILS DILATED: Time: 3:35 Meds used: min or

ANNE BATES LEACH EYE HOSPITAL  
BASCOM PALMER EYE INSTITUTE  
MIAMI, FLORIDA - PALM BEACH GARDENS, FLORIDA  
NAPLES, FLORIDA

**OCULAR EVALUATION**

MENDES, JOSEPH 1963  
A838494 DOB: 04/26/1938

AGE: \_\_\_\_\_  
DATE OF SERVICE: 8/25/04

Stock No. 7894



Rev. 4/04  
MOORE



## ANTERIOR SEGMENT

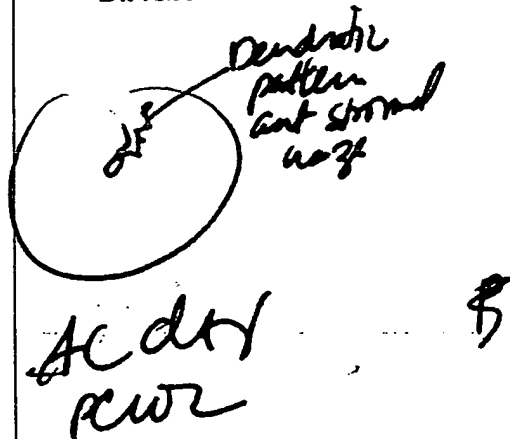
- eyelid margin clean mild scurf MGD  
puncta good position everted stenosis  
• conjunctiva white quiet  
• cornea WNL  
tear film: WNL dry excessive mucoid purulent  
epithelium: WNL PEE  
stroma: WNL thick clear cloudy  
endothelium: WNL guttata no guttata  
• anterior chamber  
depth deep centrally deep peripherally  
cells & flare quiet  
Iris WNL  
• lens  
cortex clear early opacity  
capsule clear PSC  
nucleus clear early NS  
gonioscopy open, wide

## POSTERIOR SEGMENT

- Vitreous clear posterior detachment  
• Optic disc: physiologic no change  
• Retina:  
macula WNL drusen  
vessels WNL narrow  
periphery WNL lattice

## ADDITIONAL EXAMINATION AND EXTENDED SERVICE

## DIAGRAM ABNORMAL FINDINGS OF NOTE



## DIAGNOSTIC IMPRESSIONS Condition: stable satisfactory improving deteriorating

2 in SLP phaco OD  
VF defect after cataract - stable

W/O LAKK DU.

## MANAGEMENT PLAN

med given

Cont ACV 400 bid po - prophylaxis

Schedule next visit for: \_\_\_\_\_

Refract

PKS

Fluor angio

Gonioscopy

Keratometry

Echography

Visual Field

Dilated Fundus Exam

Other: \_\_\_\_\_

- J. Sanders  
☒ technician ☐ resident ☐ fellow ☐ faculty  
☐ optometrist ☐ optometric trainee ☐ nurse

- [Signature]  
☐ technician ☐ resident ☐ fellow ☒ faculty  
☐ optometrist ☐ optometric trainee ☐ nurse

**Teaching Physician Note:** I interviewed and examined the patient. Date: \_\_\_\_\_  
Briefly, the reason(s) for today's visit and history is: \_\_\_\_\_

On examination, of particular note I observed: \_\_\_\_\_

Other considerations (lab test results, etc.) include: \_\_\_\_\_

My diagnostic impression is: \_\_\_\_\_

Care plan is: \_\_\_\_\_

See other information recorded today for further details. Faculty Physician Signature \_\_\_\_\_

Type of visit ☐ New or over 3 years ☐ Follow-up (established patient)  
☐ Care ☐ 2nd opinion ☐ Consult ☐ Pre-op ☐ Post-op

### Consultation

#### Request

☐ Letter  
☐ Phone  
☐ Other

#### Report

☐ Dictated  
☐ Phone  
☐ Other

Referring Physician \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_

E-mail \_\_\_\_\_

#### Current symptoms:

location  
severity/quality  
duration  
timing  
context  
modified by  
associated signs and  
symptoms  
impact on lifestyle

#### Chronology of illness:

onset and course of  
illness, including  
medical and surgical  
treatment, and by whom

Last eye exam (when, where,  
by whom?)

Interval history since last visit  
here

#### Reason/purpose of visit (symptom, complaint, diagnosis, condition, problem):

Flu p. pharyngitis OD 6/22/04 ~~is~~ Notice eye  
History of Present Illness (summary and history of interval since last visit here):  
is fuzzy! (past 2 weeks)

#### Current Ocular Medications:

P.F. bid od

#### Review of Systems, Past, Medical, Social History

- ☐ See today's patient questionnaire. ☐ See Problem List created or updated today.  
☐ No change since history recorded on \_\_\_\_\_ (date) except as recorded below.

Changes since last review and items of particular note:

#### Visual Acuity

#### Distance

#### Near

without correction with present glasses with pinhole with glare (or lights on)  
OD 20/30 N 3

without correction with glasses  
J 7 10"

OS

#### Best corrected acuity

OD: 0.25 1.00 x 0.75 → N 3 20/30  
OS: \_\_\_\_\_ = \_\_\_\_\_ x \_\_\_\_\_ → \_\_\_\_\_ Add: \_\_\_\_\_

Wearing (How old? \_\_\_\_\_)

OD: \_\_\_\_\_ = \_\_\_\_\_ x \_\_\_\_\_ Add: \_\_\_\_\_  
OS: \_\_\_\_\_ = \_\_\_\_\_ x \_\_\_\_\_ Add: \_\_\_\_\_

• CONFRONTATION FIELDS normal OU

#### OCULAR MOTILITY

orthophoria in primary gaze full ductions

• ADNEXAE WNL

• PUPILS AND IRIS no APD OU

• IOP OD: 08 OS: \_\_\_\_\_ Time measured: 8:15 AM Time used glaucoma meds: \_\_\_\_\_  
☐ Appl ☒ Tonopen ☐ Pneumo ☐ Not done: child trauma possible infectious disease

PUPILS DILATED: Time: \_\_\_\_\_ Meds used: \_\_\_\_\_

ANNE BATES LEACH EYE HOSPITAL  
BASCOM PALMER EYE INSTITUTE  
MIAMI, FLORIDA - PALM BEACH GARDENS, FLORIDA

### OCULAR EVALUATION

Stock No. 3511



Rev. 8/01  
MOORE

MENDES, JOSEPH

AB36494

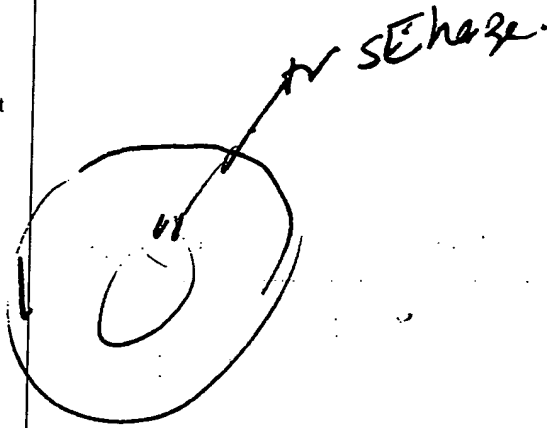
DOB:

04/26/1938

DATE OF SERVICE: 7 / 7 / 04

**ANTERIOR SEGMENT**

- eyelid margin clean mild scurf MGD  
 puncta good position everted stenosis  
 • conjunctiva white quiet  
 • cornea WNL  
 tear film: WNL dry excessive mucoid purulent  
 epithelium: WNL PEE  
 stroma: WNL thick clear cloudy  
 endothelium: WNL guttata no guttata  
 • anterior chamber  
 depth deep centrally deep peripherally  
 cells & flare quiet  
 Iris WNL  
 • lens  
 cortex clear early opacity  
 capsule clear PSC  
 nucleus clear early NS  
 gonioscopy open, wide

**DIAGRAM ABNORMAL FINDINGS OF NOTE****POSTERIOR SEGMENT**

- Vitreous clear posterior detachment  
 • Optic disc: physiologic no change  
 • Retina:  
 macula WNL drusen  
 vessels WNL narrow  
 periphery WNL lattice

**ADDITIONAL EXAMINATION AND EXTENDED SERVICE**

**DIAGNOSTIC IMPRESSIONS** Condition: stable satisfactory improving deteriorating

1 wk sup phaco CE + PCL on.  
 sup LASIK on.

**MANAGEMENT PLAN**

Ther. PK  
 Finish Family course.

Schedule next visit for: 8/04

Refract

PKS

Fluor angio

Gonioscopy

Keratometry

Echography

Visual Field

Dilated Fundus Exam

Other: \_\_\_\_\_

*H. Samak*

☐ technician ☐ resident ☐ fellow ☒ faculty  
☐ optometrist ☐ optometric trainee ☐ nurse

☐ technician ☐ resident ☐ fellow ☐ faculty  
☐ optometrist ☐ optometric trainee ☐ nurse

**Teaching Physician Note:** I interviewed and examined the patient. Date: \_\_\_\_\_  
 Briefly, the reason(s) for today's visit and history is:

On examination, of particular note I observed:

Other considerations (lab test results, etc.) include:

My diagnostic impression is:

My plan is:

See other information recorded today for further details. Faculty Physician Signature \_\_\_\_\_

Type of visit ☐ New or over 3 years ☐ Follow-up (established patient)  
☐ Care ☐ 2nd opinion ☐ Consult ☐ Pre-op ☐ Post-op

**Consultation**

Request ☐ Letter ☐ Dictated  
☐ Phone ☐ Phone  
☐ Other ☐ Other

Referring Physician \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_ E-mail \_\_\_\_\_

Current symptoms:  
location  
severity/quality  
duration  
timing  
context  
modified by  
associated signs and  
symptoms  
impact on lifestyle  
Chronology of illness:  
onset and course of  
illness, including  
medical and surgical  
treatment, and by whom  
Last eye exam (when, where,  
by whom?)  
Interval history since last visit  
here

**Reason/purpose of visit (symptom, complaint, diagnosis, condition, problem):**

Post-op #1 NO pain took tylenol.  
**History of Present Illness (summary and history of interval since last visit here):**

Sp phaco IOL OD 6/22/04

**Current Ocular Medications:**

P-F bit Vigamox bid oo.

**Review of Systems, Past, Medical, Social History**

☐ See today's patient questionnaire. ☐ See Problem List created or updated today.  
☐ No change since history recorded on \_\_\_\_\_ (date) except as recorded below.

Changes since last review and items of particular note:

**Visual Acuity**

**Distance**

**Near**

without correction with present glasses with pinhole with glare (or lights on)  
OS 20/50 20/30

without correction with glasses  
J6.

**Best corrected acuity**

OD: \_\_\_\_\_ = \_\_\_\_\_ x \_\_\_\_\_ → \_\_\_\_\_ Add: \_\_\_\_\_ → \_\_\_\_\_  
OS: \_\_\_\_\_ = \_\_\_\_\_ x \_\_\_\_\_ → \_\_\_\_\_ Add: \_\_\_\_\_ → \_\_\_\_\_

**Wearing** (How old? \_\_\_\_\_)

OD: \_\_\_\_\_ = \_\_\_\_\_ x \_\_\_\_\_ Add: \_\_\_\_\_  
OS: \_\_\_\_\_ = \_\_\_\_\_ x \_\_\_\_\_ Add: \_\_\_\_\_

• **CONFRONTATION FIELDS** normal OU

• **OCULAR MOTILITY**

orthophoria in primary gaze full ductions

• **ADNEXAE** WNL

• **PUPILS AND IRIS** no APD OU

• **IOP** OD: 13 OS: 15 Time measured: 7:50 AM Time used glaucoma meds: \_\_\_\_\_  
☐ Appl ☒ Tonopen ☐ Pneumo ☐ Not done: child trauma possible infectious disease

PUPILS DILATED: Time: \_\_\_\_\_ Meds used: \_\_\_\_\_

ANNE BATES LEACH EYE HOSPITAL  
BASCOM PALMER EYE INSTITUTE  
MIAMI, FLORIDA - PALM BEACH GARDENS, FLORIDA  
NAPLES, FLORIDA

**OCULAR EVALUATION**

NAME: Mendes, Joseph  
MRN: 83.84.94  
AGE: \_\_\_\_\_ DOB: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
DATE OF SERVICE: 06 / 23 / 04

Stock No. 7894



Rev. 4/04  
MOORE

## ANTERIOR SEGMENT

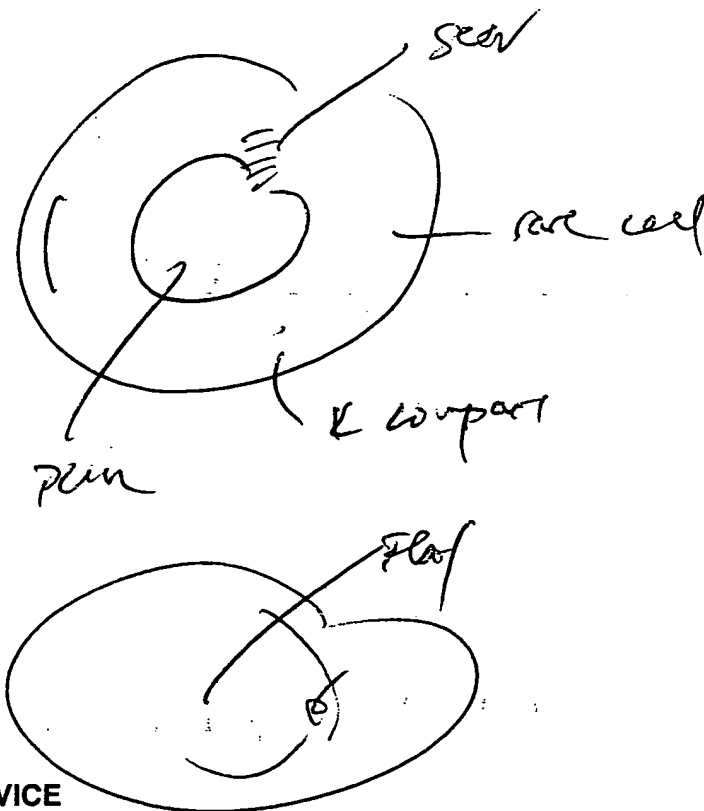
- eyelid margin clean mild scurf MGD  
puncta good position everted stenosis
- conjunctiva white quiet
  - cornea WNL
    - tear film: WNL dry excessive mucoid purulent
    - epithelium: WNL PEE
    - stroma: WNL thick clear cloudy
    - endothelium: WNL guttata no guttata
  - anterior chamber
    - depth deep centrally deep peripherally
    - cells & flare quiet
  - Iris WNL
  - lens
    - cortex clear early opacity
    - capsule clear PSC
    - nucleus clear early NS
  - gonioscopy open, wide

## POSTERIOR SEGMENT

- Vitreous clear posterior detachment
- Optic disc: physiologic no change
  - Retina:
    - macula WNL drusen
    - vessels WNL narrow
    - periphery WNL lattice

## ADDITIONAL EXAMINATION AND EXTENDED SERVICE

## DIAGRAM ABNORMAL FINDINGS OF NOTE



## DIAGNOSTIC IMPRESSIONS Condition: stable satisfactory improving deteriorating

Day well

## MANAGEMENT PLAN

pt / Alex CID → tape  
Famvir 500 mg po x 3 more times

Schedule next visit for: \_\_\_\_\_  
Refract    PKS    Fluor angio  
Gonioscopy    Keratometry    Echography  
Visual Field    Dilated Fundus Exam    Other: \_\_\_\_\_

☒ technician   ☐ resident   ☐ fellow   ☐ faculty  
☐ optometrist   ☐ optometric trainee   ☐ nurse

☐ technician   ☐ resident   ☐ fellow   ☐ faculty  
☐ optometrist   ☐ optometric trainee   ☐ nurse

Teaching Physician Note: I interviewed and examined the patient. Date: \_\_\_\_\_

Briefly, the reason(s) for today's visit and history is:

On examination, of particular note I observed:

Other considerations (lab test results, etc.) include:

My diagnostic impression is:

Care plan is:

See other information recorded today for further details. Faculty Physician Signature \_\_\_\_\_

# BASCOM PALMER EYE INSTITUTE SURGERY SCHEDULING FORM

Scheduled by: *Reggie M...*

On Date:

By Phone: If PATIENT is scheduled by phone (305) 326-6155 the Surgery Scheduling staff will take the scheduling information from you  
By Fax: This form must be completed by the surgeon or his/her designee and faxed to (305) 326-6512

\*PLEASE COMPLETE ALL of the following information CLEARLY to ensure the proper scheduling of this patient \*

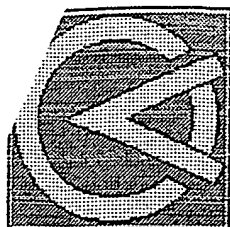
1. Surgeon Name	<i>Dr. U...</i>	2. Date of Surgery	<i>8/10/04 - 6/22/04</i>
3. Patient Name			
4. Patient Date of Birth	1963	cord #	
6. Patient Phone Number ***	838494	DOB:	04/26/1938
8. Admission Type:	<input checked="" type="checkbox"/> Outpatient <input type="checkbox"/> Post-Op Observation <input type="checkbox"/> Inpatient <input type="checkbox"/> Admit Today <input type="checkbox"/> Admit day of Surgery		
Pre-op Diagnosis:	<i>CAT</i>		

CORNEAL EXTERNAL	RETINA-VITREOUS	OCULO-PLASTICS	GLAUCOMA	MUSCLE SURGERY	(O) (D) (S)
ECCE IOL	Pars Plana Vitrectomy	Enucleation	Trabeculectomy	Recession	
Phaco IOL	Pars Plana Lensectomy	H.A. Implant	<input type="checkbox"/> Primary	Lateral Rectus	
Secondary IOL	Endolaser	Medpore Implant	<input type="checkbox"/> Previous	Superior Rectus	
Ant Vitrectomy	Photocoagulation		.....Operated Eye	Medial Rectus	
IOL Exchange	Membrane Peel	Evisceration	Mitomycin	Inferior Rectus	
PK	Air-Fluid Exchange	Ptosis Repair	5-FU	Resection	
IOL Removal	Gas-Fluid Exchange	DCR	Baerveldt	Lateral Rectus	
Pterygium	Scleral Buckle	Stint	Molteno	Superior Rectus	
Conjunctival Flap	Silicone Oil injection	Moh's Reconstr.	Krupin	Medial Rectus	
	Silicone Oil Removal	Ectropian Repair	E.U.A.	Inferior Rectus	
	Modified PP Vit with Gancyclovir Implant	Entropion Repair		Adjustable Suture	
				Myectomy Inf. Obl.	
				Tuck Inferior Oblique	
				Tenotomy Sup. Obl.	
				Posterior Fix Suture	
				Transposition	
				Exploration	

10. Procedure: *Phaco IOL OP on*11. Anesthesia Types: ☐ MAC ☐ General ☐ Choice ☐ Local ☐ Block12. Pre-admission: ☐ Pre-Admit today ☐ Pre-Admit on: *8/3/04* ☐ Arrange for future pre-admission13. Pre-op labs to be done at: ☐ BPEI ☐ Other: MD Name: \_\_\_\_\_ Phone: \_\_\_\_\_14. Insurance Information: ☐ HMO ☐ Medicare # \_\_\_\_\_ ☐ Medicaid # \_\_\_\_\_15. Special Requests: ☐ Corneal Tissue ☐ Sclera ☐ A-Scan; Lens size: *118-4* Desired Refraction: *plano*  
Other: *USE 19.2 USE Ks = 50.5/48.2*  
*x125 x38*Patient Needs: ☐ Transportation ☐ Hotel ☐ Medical Consult ☐ Other \_\_\_\_\_

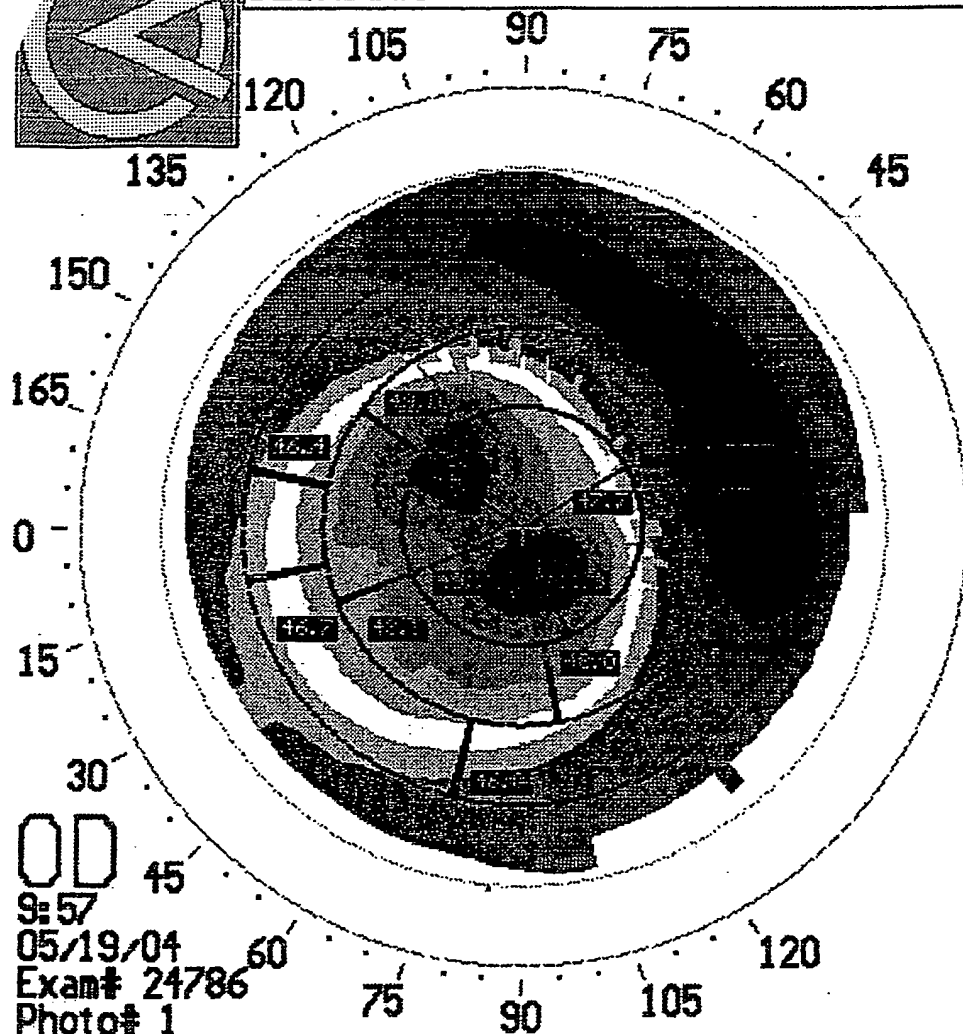
\*\*\* FOR NON-LOCAL PATIENTS, please include:

PHONE #:		
LOCAL ADDRESS		ROOM #:



PATIENT: Mendes, Joseph  
CLINIC#:

BPEI  
SS#:



OD

9:57  
05/19/04  
Exam# 24786  
Photo# 1

### CORNEAL STATISTICS

SRI:0.91 SAI:1.12  
PVA: 20/ 25 - 20/ 30  
Sim K: 50.5 x 128 / 48.2 x 38  
Min K: 47.9 x 18

ZONAL ASTIGMATIC STATS				
	MM	POWER	(RC)	AXIS
50.5	3:	49.09	6.88	201
49.6		50.83	6.63	292
48.7		47.65	7.08	30
47.8	5:	50.39	6.70	148
46.9		48.13	7.01	201
46.0		47.98	7.03	280
45.1	7:	42.43	7.95	15
44.2		43.01	6.89	143
43.3		46.75	7.22	190
42.4	9:	46.00	7.34	255
41.5		40.92	8.25	10
Diop		46.45	7.27	167
ESC- Exit				
SMOOTH = 1				
NORMALIZED				Ver: 1.61

# Best Available Copy

Type of visit ☐ New or over 3 years ☐ Follow-up (established patient)  
☐ Care ☐ 2nd opinion ☐ Consult ☐ Pre-op ☐ Post-op

## Consultation

Request ☐ Letter ☐ Dictated  
☐ Phone ☐ Phone  
☐ Other ☐ Other

Referring Physician \_\_\_\_\_  
 Address \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_

E-mail \_\_\_\_\_

Current symptoms:  
 location  
 severity/quality  
 duration  
 timing  
 context  
 modified by  
 associated signs and symptoms  
 impact on lifestyle  
 Chronology of illness:  
 onset and course of illness, including medical and surgical treatment, and by whom  
 Last eye exam (when, where, by whom?)  
 Interval history since last visit here

## Reason/purpose of visit (symptom, complaint, diagnosis, condition, problem):

flu cat, red eye OD

## History of Present Illness (summary and history of interval since last visit here):

no inflammatory pseudotumor, recent CVA 1-8-04 C. inf quadrantopsia splasik OD  
 CEI TOLO

S: c/o irritation, unable to tolerate EUS OD  
 very red, tearing yellow film (all + tolerates CI)

irmy corig f LASIK

## Current Ocular Medications:

8gts

Unable to read street signs + unhappy with glasses - aniso!

## Review of Systems, Past, Medical, Social History

☐ See today's patient questionnaire. ☒ See Problem List created or updated today.  
☐ No change since history recorded on \_\_\_\_\_ (date) except as recorded below.

## Changes since last review and items of particular note:

## Visual Acuity

## Distance

## Near

	without correction	with present glasses	with pinhole	with glare (or lights on)
OD	20/40	20/40	20/40	20/40
OS	20/60-2	20/60+2	20/60+2	20/60+2

	without correction	with glasses
OD	20/40	20/40
OS	20/60-2	20/60+2

## Best corrected acuity

OD: -3.00 +1.50 x 132 → 20/25<sup>2</sup>  
 OS: -1.50 +1.25 +1.5 → 20/60+2  
 Add: 1.325 → 20/25<sup>2</sup>

## Wearing (How old?)

2-3 mos

OD: -2.50 +1.00 x 103 Add: \_\_\_\_\_  
 OS: +1.25 = 5 x \_\_\_\_\_ Add: \_\_\_\_\_

## CONFRONTATION FIELDS normal OU

## OCULAR MOTILITY

orthophoria in primary gaze full ductions

## ADNEXAE WNL

## PUPILS AND IRIS no APD OU

IOP OD: 10 OS: 7 Time measured: 10:22 Time used glaucoma meds: \_\_\_\_\_  
☐ Appl ☒ Tonopen ☐ Pneumo ☐ Not done: child trauma possible infectious disease  
 PUPILS DILATED: Time: \_\_\_\_\_ Meds used: AAW

ANNE BATES LEACH EYE HOSPITAL  
 BASCOM PALMER EYE INSTITUTE  
 MIAMI, FLORIDA - PALM BEACH GARDENS, FLORIDA

## OCULAR EVALUATION

ck No. 3511



Rev. 8/01  
 MOORE

1963  
 MENDES, JOSEPH  
 A838494  
 DOB: 04/26/1938

DATE OF SERVICE: 5-19-04



## ANTERIOR SEGMENT

eyelid margin clean mild scurf MGD

puncta good position everted stenosis

conjunctiva white quiet

cornea WNL

tear film: WNL dry excessive mucoid purulent

epithelium: WNL PEE

stroma: WNL thick clear cloudy

endothelium: WNL guttata no guttata

anterior chamber

depth deep centrally deep peripherallycells & flare quiet

Iris WNL

lens

cortex clear early opacity

capsule clear PSC

nucleus clear early NS

gonioscopy open, wide

## POSTERIOR SEGMENT

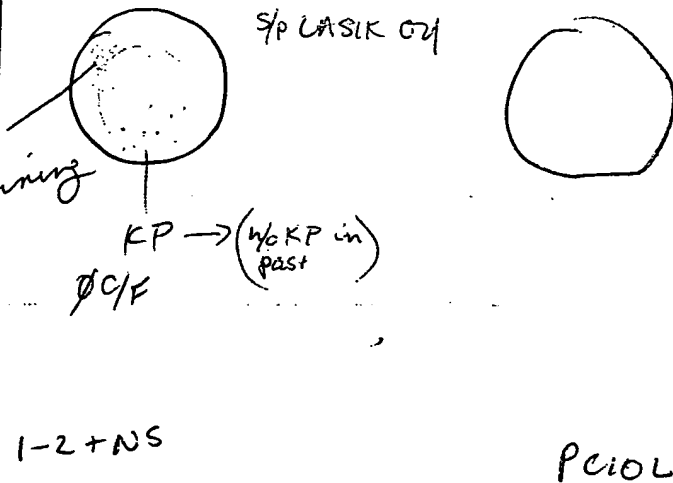
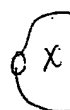
Vitreous clear posterior detachment

Optic disc: physiologic no change

Retina:

macula WNL drusenvessels WNL narrowperiphery WNL lattice

## DIAGRAM ABNORMAL FINDINGS OF NOTE

C/D L 0.4  
0.3

## ADDITIONAL EXAMINATION AND EXTENDED SERVICE

## DIAGNOSTIC IMPRESSIONS

Condition: stable satisfactory improving deteriorating

right Cataract OD yes

? VA E RGP

sp LASIK on / Enh. OS

Inflammatory Pseudotumor OD - ? HSV

inferior quadrantanopia 2° to CVA

## MANAGEMENT PLAN

wants distance vision

propylax E Panir 500 mg po  
1 wk prior to surgery

COT per OD

Aim per OD

Schedule next visit for: \_\_\_\_\_

Refract

PKS

Fluor angio

Gonioscopy

Keratometry

Echography

Visual Field

Dilated Fundus Exam

Other: \_\_\_\_\_

technician ☐ resident ☐ fellow ☐ facultyoptometrist ☐ optometric trainee ☐ nurse☐ technician ☐ resident ☐ fellow ☐ faculty☐ optometrist ☐ optometric trainee ☐ nurse

## Physician Note:

I interviewed and examined the patient. Date: \_\_\_\_\_

Briefly, the reason(s) for today's visit and history is:

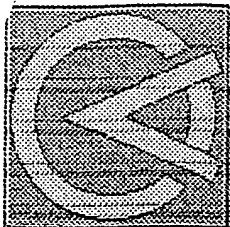
examination, of particular note I observed:

Other considerations (lab test results, etc.) include:

diagnostic impression is:

plan is:

other information recorded today for further details. Faculty Physician Signature \_\_\_\_\_



PATIENT: MENDES, JOSEPH  
CLINIC#: 838494

BPEI  
SS#:

CORNEAL STATISTICS

SAL: 1.20

Sim K: 45.4 x 63 / 44.8 x 153  
Min K: 44.7 x 160

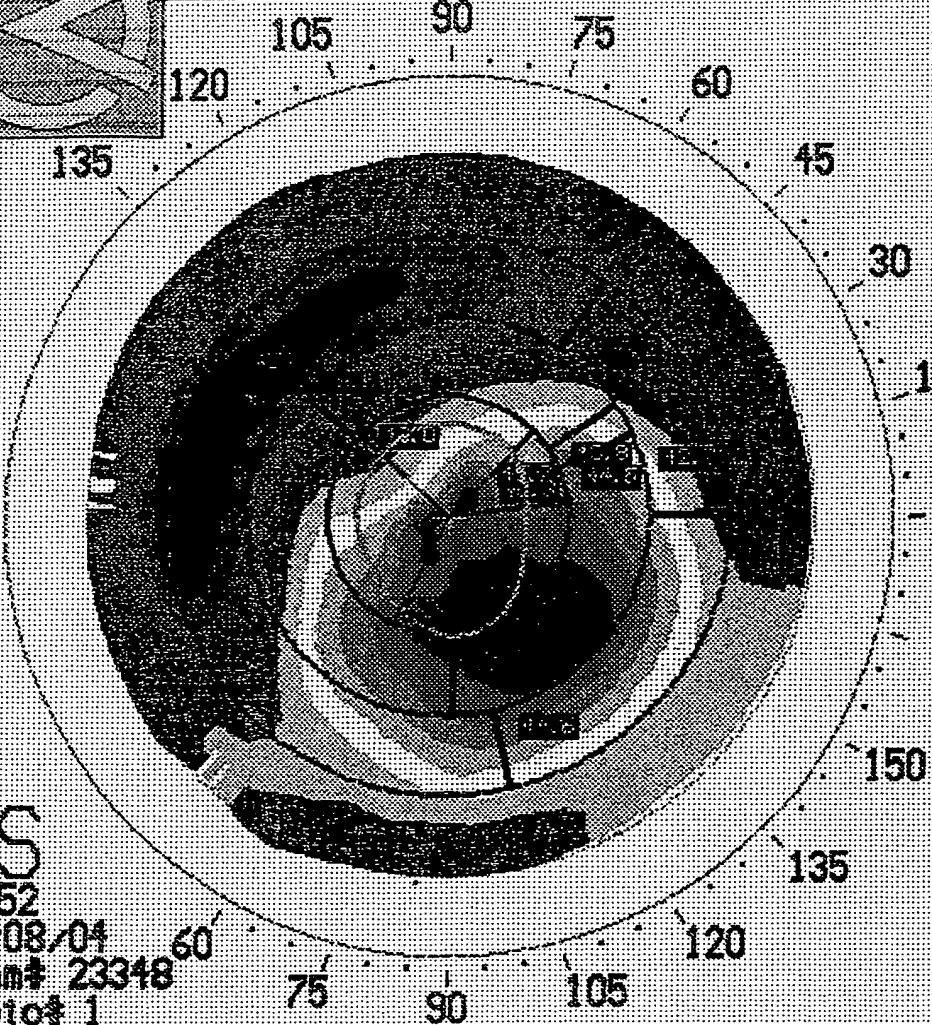
OS

11:52

03/08/04

Exam# 23348

Photo# 1



ZONAL ACTION-PRO SYSTEM				
	MM	POWER	(RC)	WIS
3:	42.99	7.85	136	
	47.16	7.16	242	
	45.94	7.35	7	
	45.73	7.38	45	
5:	39.50	8.54	139	
	46.95	7.19	271	
	43.85	7.70	34	
	44.49	7.59	24	
7:	37.95	8.89	148	
	41.58	7.57	230	
	40.21	8.39	56	
	42.68	7.81	0	
ESC- Exit				
SMOOTH = 1				
NORMALIZED				User: 1.61

Type of visit ☐ New or over 3 years ☒ Follow-up (established patient)  
☐ Care ☐ 2nd opinion ☒ Consult ☐ Pre-op ☐ Post-op

### Consultation

Request ☐ Letter ☐ Dictated  
☐ Phone ☐ Phone  
☐ Other ☐ Other

Referring Physician \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_ E-mail \_\_\_\_\_

Current symptoms:  
location  
severity/quality  
duration  
timing  
context  
modified by  
associated signs and  
symptoms  
impact on lifestyle  
Chronology of illness:  
onset and course of  
illness, including  
medical and surgical  
treatment, and by whom  
Last eye exam (when, where,  
by whom?)  
Interval history since last visit  
here

### Reason/purpose of visit (symptom, complaint, diagnosis, condition, problem):

75y.o. ♂ Referred by Dr. Rosenberg for evaluation of cataract (OD)

### History of Present Illness (summary and history of interval since last visit here):

H/O: Inflammatory Pseudotumor  
Recent CVA 11/8/04 & Inf. Quadrantanopsia

S/P: LASIK (OD) 1999 Dr. Luis Rodriguez  
CE/IOZ (OS) 12/2001 Dr. Mario Salazar

cl: JVA, OS > OD,  
difficulty seeing at  
distance more so  
than for reading,  
vision never good  
after CE OS

(-) Diplopia (-) Flashes (-) Hem  
vision great after LASIK  
until 1 year ago

### Current Ocular Medications:

Prednisone 2.5mg QOD (PL)

### Review of Systems, Past, Medical, Social History

☐ See today's patient questionnaire. ☐ See Problem List created or updated today.  
☒ No change since history recorded on 2/6/04 (date) except as recorded below.

Changes since last review and items of particular note:

few months.  
irreg pupil on  
spec  
& lid position  
of frame.  
bred.

### Visual Acuity

#### Distance

	without correction	with present glasses	with pinhole	with glare (or lights on)
OD	20/40-2	→	20/30	
OS	20/70	→	20/60	

#### Near

without correction	with glasses
--------------------	--------------

### Best corrected acuity

OD:  $1.75 = +1.00 \times \frac{100}{115} \rightarrow 20/30-2$  Add:  $+3.00 \rightarrow J2$   
OS:  $1.75 = +2.25 \times \frac{100}{115} \rightarrow 20/60-2$  Add:  $+3.00 \rightarrow J52$

### Wearing (How old? \_\_\_\_\_)

OD: \_\_\_\_\_ = \_\_\_\_\_ x \_\_\_\_\_ Add: \_\_\_\_\_  
OS: \_\_\_\_\_ = \_\_\_\_\_ x \_\_\_\_\_ Add: \_\_\_\_\_

PAP OD: 20/20  
OS: 20-2

### CONFRONTATION FIELDS normal OU

### OCULAR MOTILITY

orthophoria in primary gaze full ductions

### ADNEXAE WNL dematodectasis on

### PUPILS AND IRIS no APD OU

IOP OD: 13 OS: 09 Time measured: 12:20 PM Time used glaucoma meds: \_\_\_\_\_

☐ Appl ☒ Tonopen ☐ Pneumo ☐ Not done: child trauma possible infectious disease

PUPILS DILATED: Time: 12:25 PM Meds used: m/nou

ANNE BATES LEACH EYE HOSPITAL  
BASCOM PALMER EYE INSTITUTE  
MIAMI, FLORIDA - PALM BEACH GARDENS, FLORIDA

### OCULAR EVALUATION

N. 1968  
M. MENDES, JOSEPH  
DOB: 04/26/1938  
AL AB38494  
75  
DATE OF SERVICE: 03 / 08 / 04

Stock No. 3511



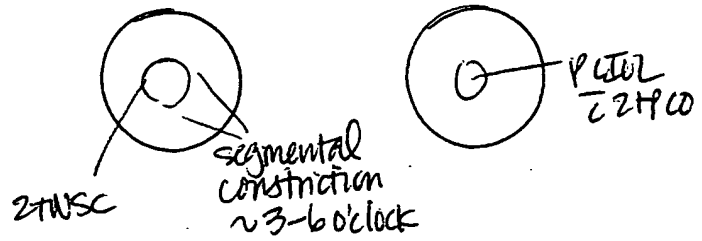
Rev. 8/01  
MOORE

**ANTERIOR SEGMENT**

- eyelid margin clean mild scurf MGD  
 puncta good position everted stenosis  
 • conjunctiva white quiet  
 • cornea WNL  
 tear film: WNL dry excessive mucoid purulent  
 epithelium: WNL PEE  
 stroma: WNL thick clear cloudy  
 endothelium: WNL guttata no guttata
- anterior chamber  
 depth deep centrally deep peripherally  
 cells & flare quiet
- Iris WNL
- lens  
 cortex clear early opacity  
 capsule clear PSC  
 nucleus clear early NS
- gonioscopy open, wide

**POSTERIOR SEGMENT**

- Vitreous clear posterior detachment  
 • Optic disc: physiologic no change  
 • Retina:  
 macula WNL drusen  
 vessels WNL narrow  
 periphery WNL lattice

**ADDITIONAL EXAMINATION AND EXTENDED SERVICE****DIAGRAM ABNORMAL FINDINGS OF NOTE****DIAGNOSTIC IMPRESSIONS** Condition: stable satisfactory improving deteriorating

CRON.  
 Phakic OS=  
 No Hypertensive LASIK, ON.

? Pseudophakia OS  
 ? could this have  
 been herpetic

**MANAGEMENT PLAN**

Consider RGPCL fit OS,  
 defer CE OS for now!

Schedule next visit for: \_\_\_\_\_  
 Refract    PKS    Fluor angio  
 Gonioscopy    Keratometry    Echography  
 Visual Field    Dilated Fundus Exam    Other: \_\_\_\_\_

☐ technician ☐ resident ☐ fellow ☒ faculty  
☐ optometrist ☐ optometric trainee ☐ nurse

☐ technician ☐ resident ☐ fellow ☐ faculty  
☒ optometrist ☐ optometric trainee ☐ nurse

**Teaching Physician Note:** I interviewed and examined the patient. Date: \_\_\_\_\_  
 Briefly, the reason(s) for today's visit and history is:

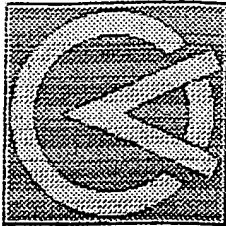
On examination, of particular note I observed:

Other considerations (lab test results, etc.) include:

My diagnostic impression is:

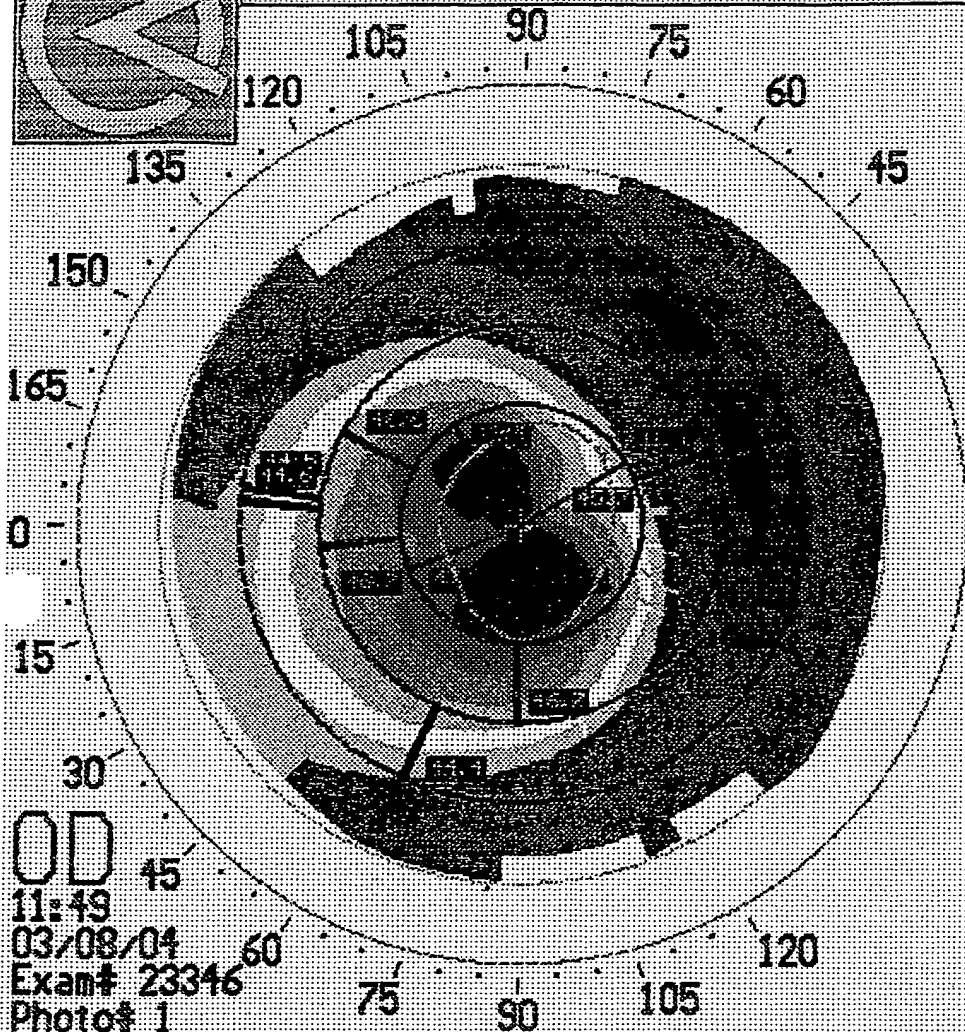
Care plan is:

See other information recorded today for further details. Faculty Physician Signature \_\_\_\_\_



PATIENT: MENDES, JOSEPH  
CLINIC#: 838494

BPEI  
SS#:



### CORNEAL STATISTICS

SRI: 0.73 SAI: 0.80  
PVA: 20/ 25 - 20/ 30  
Sim K: 49.2 x 121 /

CORNEAL STATISTICS			
MM	POWER	(RC)	AXIS
3:	47.86	7.05	201
	48.68	6.78	291
	45.67	7.39	31
	48.42	6.83	124
5:	46.66	7.23	186
	46.72	7.22	269
	41.37	8.16	21
	46.57	7.25	152
7:	44.46	7.59	172
	44.43	7.50	245
	39.65	8.51	18
	44.63	7.56	174
ESC- Exit			
SMOOTH - 1			
NORMALIZED			Ver: 1.61

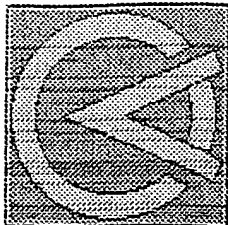
OD

11:49

03/08/04

Exam# 23346

Photo# 1



PATIENT: MENDES, JOSEPH  
CLINIC#: 838494

BPEI  
SS#:

### CORNEAL STATISTICS

SAL: 1.30

Sim K: 45.7 x 58 / 44.6 x 148  
Min K: 44.4 x 163

ZONAL ASTIGMATIC STATS				
	MM	POWER	(RC)	AXIS
48.8	3:	42.80	7.89	135
47.7		47.58	7.08	253
46.6		46.64	7.24	332
45.5	5:	46.24	7.30	44
44.4		39.18	8.61	139
43.3		48.21	7.00	235
42.2	7:	46.68	7.23	353
41.1		45.16	7.42	22
40.0		37.69	8.85	152
38.9	9:	45.65	7.39	215
37.8		43.09	7.83	14
Drop		43.83	7.68	357

ESC- Exit

SMOOTH = 1

NORMALIZED

Dev:  
1.61

OS

11:51

03/08/01

Exam# 23347

Photo# 1

3-15-12

☒ Medically necessary    ☐ Teaching    ☐ Study \_\_\_\_\_    ☐ Today    ☐ Follow-Up \_\_\_\_\_ (date)

**REFRACTION**                      **BEST CORRECTED ACUITY**

OD \_\_\_\_\_                      OD \_\_\_\_\_                      ☐ Aphakic    ☐ Pseudophakic    ☐ Phakic

OS \_\_\_\_\_                      OS \_\_\_\_\_

**DIAGNOSTIC JUSTIFICATION**

<input type="checkbox"/> Glaucoma – borderline findings (365.01)	<input type="checkbox"/> Optic Atrophy (specified) _____	<input type="checkbox"/> Following on medications with high risk (V58.69)
<input type="checkbox"/> Ocular Hypertension (365.04)	<input type="checkbox"/> Optic Atrophy (unspecified) (377.10)	<input type="checkbox"/> Antimalarial—e.g. hydroxychloroquine (E931.4)
<input type="checkbox"/> Primary Open Angle Glaucoma (365.11)	<input type="checkbox"/> Ischemic Optic Neuropathy (377.41)	
<input type="checkbox"/> Glaucoma Low Tension (365.12)	<input type="checkbox"/> Optic neuropathy — nutritional (377.33)	<input type="checkbox"/> Other _____
<input type="checkbox"/> Glaucoma Chronic Angle Closure (365.23)	— toxic (377.34)	<input type="checkbox"/> Unexplained vision loss (368.11)
<input type="checkbox"/> Pseudoexfoliative glaucoma (365.52)	<input type="checkbox"/> Optic Neuritis — unspecified (377.30)	<input type="checkbox"/> VF defect (central) (368.41)
<input type="checkbox"/> Pigmentary glaucoma (365.13)	— Retrobulbar (377.32)	<input type="checkbox"/> VF defect (unspecified) (368.40)
<input type="checkbox"/> Ptosis (specified) type _____	<input type="checkbox"/> Optic disc swelling (377.00)	<input type="checkbox"/> VF Homonymous bilat defect (368.46)
<input type="checkbox"/> Ptosis (unspecified) (374.30)	<input type="checkbox"/> Papilledema w/elevated intracranial pressure (377.01)	
<input type="checkbox"/> Dermatochalasis (374.87)	<input checked="" type="checkbox"/> Other disorders of optic nerve—includes compressive lesion (377.49)	
	<input type="checkbox"/> Unspecified disorder of optic nerve and visual pathway (377.9)	
<input type="checkbox"/> Other _____		

**TEST STRATEGY** ☒ GU ☐ OD ☐ OS  
Threshold (920818 / 10331 / 92083 / 0230) Goldmann Supra-threshold Other (920817 / 98082 / 92082 / 0230)  
☐ SITA Standard ☐ Full (920818 / 10331 / 92083 / 0230) ☐ Esterman monocular  
☐ SITA Fast ☐ 1/2 Isopter (920817 / 92082 / 92082 / 0230) ☐ Esterman binocular  
☐ Full Threshold ☐ III-4e only (920817 / 92082 / 92082 / 0230) ☐ 76-point age related  
☐ Fast Pac ☐ Visual Physiology Dept. (922825 / 92082 / 92082 / 0230)

Supra Threshold Ptosis (920840 + 920842 / 10335 + 92082 / 92082 x 2)  
☐ With and Without Tape

TEST PATTERN 30-2 24-2 10-2 Macula 60°  
(Specify if other than size III stimulus size, or different than white stimulus)

**ADDITIONAL SPECIFIC REQUESTS** (e.g. larger fixation target, larger stimulus size, overview printout, change analysis, SWAP)

Ordering Physician's Signature 2-12-04 (Date) ABN: ☐ Not Required ☐ Obtained

**AUTHORIZATION REQUEST** ☒ Yes \_\_\_\_\_ ☐ Denied: \_\_\_\_\_ ☐ Not required  
(authorization #) (reason)

INTERPRETATION/REPORT Date of test 2-12-04 HUF. TII


24-2 SS

Left inferior quadrangle  
s/w n/o recent CVA

[Signature] (Report Prepared by) 2/16/04 (Date)

Attending physician statement if  
another person prepared the report:  
I personally reviewed the test  
results and agree with or have  
modified the interpretation.

[Signature] Signature 2/12/04 Date

<b>ANNE BATES LEACH EYE HOSPITAL</b> <b>BASCOM PALMER EYE INSTITUTE</b> <b>MIAMI, FLORIDA - PALM BEACH GARDENS, FLORIDA</b>		NAME: <u>Mendes Joseph</u>	
<b>PHYSICIAN ORDER/ANCILLARY REFERRAL</b> <b>VISUAL FIELD</b>		MRN: <u>838494</u>	
Stock No. 3853		Rev. 7/01	AGE: _____ DOB: _____
		MOORE	DATE OF SERVICE <u>02, 12, 04</u>
		<b>MEDICAL RECORD</b>	

## SINGLE FIELD ANALYSIS

EYE: RIGHT

NAME: MENDES, JOSEPH B

ID: 838494

DOB: 04-26-1938

## CENTRAL 24-2 THRESHOLD TEST

FIXATION MONITOR: BLINDSPOT

FIXATION TARGET: CENTRAL

FIXATION LOSSES: 0/16

FALSE POS ERRORS: 2 %

FALSE NEG ERRORS: 0 %

TEST DURATION: 07:20

FOVEA: 29 DB ■

STIMULUS: III, WHITE

BACKGROUND: 31.5 ASB

STRATEGY: SITA-STANDARD

PUPIL DIAMETER:

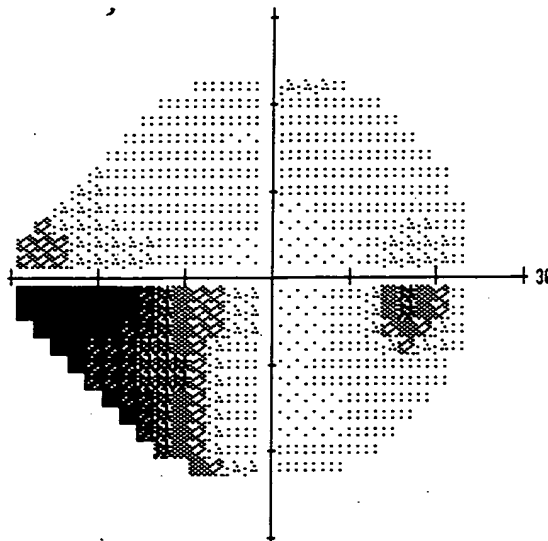
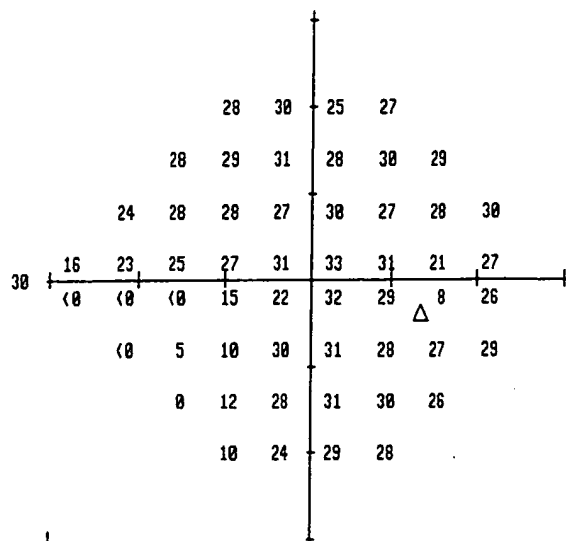
VISUAL ACUITY:

RX: +3.75 DS +1.25 DC X 45

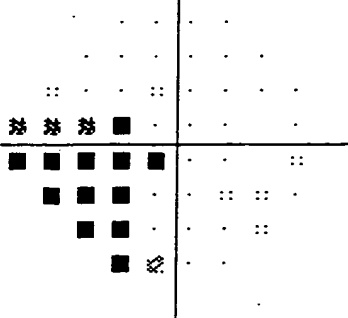
DATE: 02-12-2004

TIME: 16:20

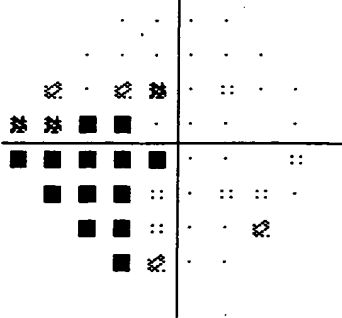
AGE: 65



2	3	-2	1
0	0	2	-1
-4	-2	-3	-4
-10	-6	-6	-5
-28	-31	-33	-17
-31	-25	-21	-2
-29	-19	-2	0
-19	-5	0	-1

TOTAL  
DEVIATION

0	2	-3	0
-1	-1	1	-2
-6	-3	-4	-5
-12	-7	-7	-6
-30	-32	-34	-18
-32	-26	-22	-3
-30	-20	-4	-1
-20	-6	-2	-2

PATTERN  
DEVIATION

:: < 5%  
 ■ < 2%  
 ■ < 1%  
 ■ < 0.5%

GHT

OUTSIDE NORMAL LIMITS

MD -6.68 DB P &lt; 0.5%

PSD 10.73 DB P &lt; 0.5%

 BASCOM PALMER EYE INSTITUTE  
 4TH FLOOR, GIBSON DEPT.

RM. 414



## SINGLE FIELD ANALYSIS

EYE: LEFT

NAME: MENDES, JOSEPH B

ID: 838494

DOB: 04-26-1938

## CENTRAL 24-2 THRESHOLD TEST

FIXATION MONITOR: BLINDSPOT

STIMULUS: III, WHITE

PUPIL DIAMETER:

DATE: 02-12-2004

FIXATION TARGET: CENTRAL

BACKGROUND: 31.5 ASB

VISUAL ACUITY:

TIME: 16:32

FIXATION LOSSES: 1/14

STRATEGY: SITA-STANDARD

RX: +5.25 DS

DC X

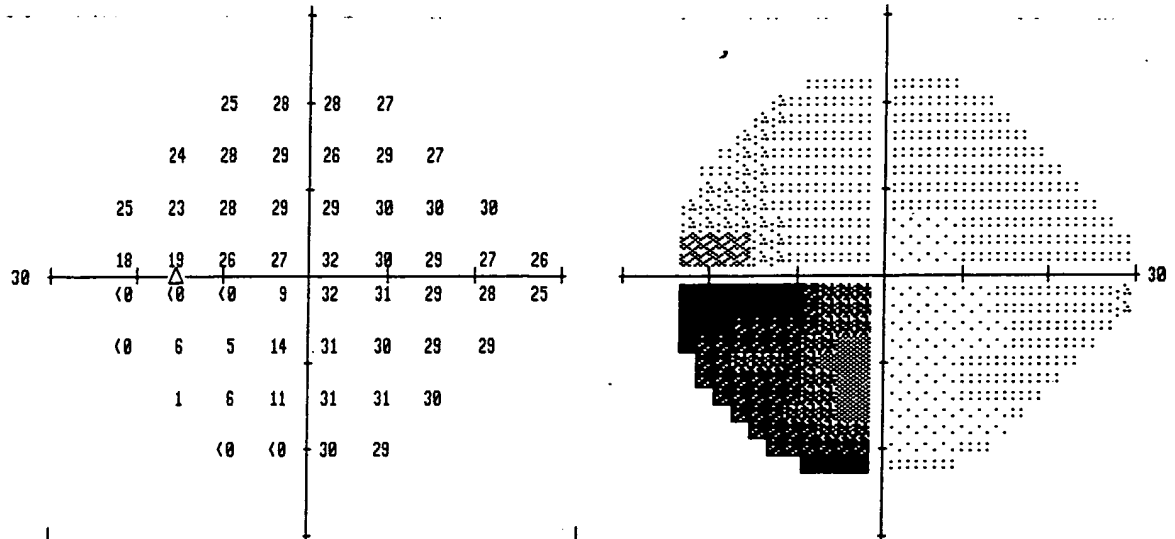
AGE: 65

FALSE POS ERRORS: 0 %

FALSE NEG ERRORS: 0 %

TEST DURATION: 05:47

FOVEA: 32 DB ::



	0	1		1	1				
	-3	0	0	-3	0	-1			
-3	-6	-2	-2	-2	0	1	2		
-11	-5	-4		0	-1	-1	-2	-0	
-31	-33	-23		0	-1	-2	-1	-2	
-31	-25	-26	-18	-1	-1	-2	0		
	-29	-25	-20	1	1	1			
		-31	-31	1	1				

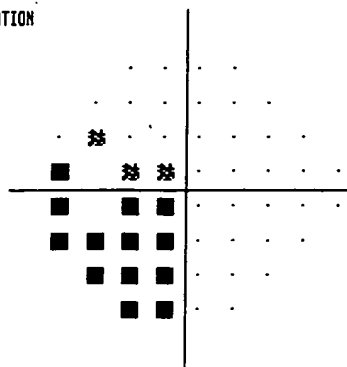
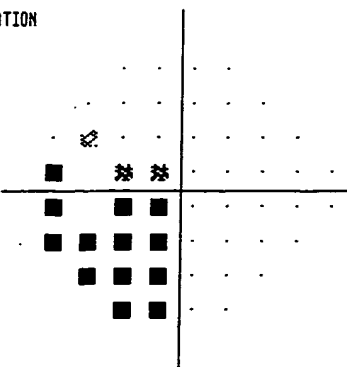
TOTAL  
DEVIATION

	-1	1	1	0					
	-3	0	-1	-3	-1	-1			
	-4	-6	-3	-2	-3	-1	0	1	
	-12	-6	-5	-1	-2	-2	-3	-1	
	-32	-34	-23	0	-2	-2	-2	-2	
	-32	-25	-27	-18	-1	-2	-2	0	
		-30	-25	-20	0	0	0		
			-32	-32	0	0			

PATTERN  
DEVIATIONGHT  
OUTSIDE NORMAL LIMITS

MD -7.13 DB P &lt; 0.5%

PSD 12.01 DB P &lt; 0.5%



:: < 5%  
 < 2%  
 < 1%  
 < 0.5%

BASCOM PALMER EYE INSTITUTE  
 4TH FLOOR, GLAUCOMA DEPT.

RN. 414

☐ New or over 3 years    ☐ Follow-up (established patient)  
☐ Care    ☐ 2nd opinion    ☐ Consult    ☐ Pre-op    ☐ Post-op

**Consultation**

Request

Report

☐ Letter  
☐ Phone  
☐ Other

☐ Dictated  
☐ Phone  
☐ Other

Physician \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

E-mail \_\_\_\_\_

Present symptoms:  
 location  
 severity/quality  
 duration  
 timing  
 context  
 modified by  
 associated signs and symptoms  
 impact on lifestyle  
 Chronology of illness:  
 onset and course of illness, including medical and surgical treatment, and by whom  
 Last eye exam (when, where, by whom?)  
 Interval history since last visit here

Reason/purpose of visit (symptom, complaint, diagnosis, condition, problem):

*Reports no new changes*

History of Present Illness (summary and history of interval since last visit here):

*Inflammatory Psoriasis  
Recent CVA*

*CD ON*

*Provisional 25mg daily*

*feeling stronger  
doing well  
therapy*

Current Ocular Medications:

*Pres. 4.000 0.01 ON*

*Cyclogyl Stopped using due to burning sensation*

Review of Systems, Past, Medical, Social History

☐ See today's patient questionnaire.    ☐ See Problem List created or updated today.  
☐ No change since history recorded on \_\_\_\_\_ (date) except as recorded below.

Changes since last review and items of particular note:

**Visual Acuity**

**Distance**

**Near**

without correction

with present glasses

with pinhole

with glare (or lights on)

without correction

with glasses

OD *UD*    *20/30*

OS *UD*    *1/28/04 20/60 -2+1*

Best corrected acuity

OD: *50* x *0.5* → *20/20*    Add: *13.00* → \_\_\_\_\_  
 OS: *4.75* x *0.5* → *20/20*    Add: *13.00* → *25.00*

Wearing (How old? \_\_\_\_\_)

OD: \_\_\_\_\_ = \_\_\_\_\_ x \_\_\_\_\_    Add: \_\_\_\_\_  
 OS: \_\_\_\_\_ = \_\_\_\_\_ x \_\_\_\_\_    Add: \_\_\_\_\_

• CONFRONTATION FIELDS    normal    OU

• OCULAR MOTILITY

orthophoria in primary gaze    full ductions

*Opain*

• ADNEXAE    WNL

• PUPILS AND IRIS    no APD    OU

• IOP    OD: *14*    OS: *12*    Time measured: *10:20*    Time used glaucoma meds: \_\_\_\_\_  
☐ Appl    ☒ Tonopen    ☐ Pneumo    ☐ Not done: child    trauma    possible infectious disease

PUPILS DILATED: Time: \_\_\_\_\_ Meds used: \_\_\_\_\_

ANNE BATES LEACH EYE HOSPITAL  
 BASCOM PALMER EYE INSTITUTE  
 MIAMI, FLORIDA - PALM BEACH GARDENS, FLORIDA

**OCULAR EVALUATION**

NAME: *MENDES, JOSEPH*  
 MRN: *838494*  
 AGE: \_\_\_\_\_ DOB: *04/26/38*  
 DATE OF SERVICE: *02/16/04*

Stock No. 3511



Rev. 8/01 MOORE

## DIAGRAM ABNORMAL FINDINGS OF NOTE

## ANTERIOR SEGMENT

- eyelid margin clean mild scurf MGD
- puncta good position everted stenosis
- conjunctiva white quiet
- cornea WNL
  - tear film: WNL dry excessive mucoid purulent
  - epithelium: WNL PEE
  - stroma: WNL thick clear cloudy
  - endothelium: WNL guttata no guttata
- anterior chamber
  - depth deep centrally deep peripherally
  - cells & flare quiet
- Iris WNL
- lens
  - cortex clear early opacity
  - capsule clear PSC
  - nucleus clear early NS
- gonioscopy open, wide

early  
scurf

+2NS

W/L

K-clear

Q cell

PCUOL  
early  
PCO

## POSTERIOR SEGMENT

- Vitreous clear posterior detachment
- Optic disc: physiologic no change
- Retina:
  - macula WNL drusen
  - vessels WNL narrow
  - periphery WNL lattice

## ADDITIONAL EXAMINATION AND EXTENDED SERVICE

## DIAGNOSTIC IMPRESSIONS Condition: stable satisfactory improving deteriorating

1. Inflammatory Pseudotumor - Doing well
2. Recent CVA & L inter quadrantanopia
3. Cat OD
4. SIP Lasix OD - 2 regression, hyperopia shift

## MANAGEMENT PLAN

- Pt interested in CE (will bring in old Lasix records)
- Will refer to Dr. Yoo
- Cont Pred 2.5mg for 2 more weeks then

Schedule next visit for: \_\_\_\_\_

Refract	PKS	Fluor angio
Gonioscopy	Keratometry	Echography
Visual Field	Dilated Fundus Exam	Other: _____

☐ technician ☐ resident ☐ fellow ☐ faculty  
☐ optometrist ☐ optometric trainee ☐ nurse

☐ technician ☒ resident ☐ fellow ☐ faculty  
☐ optometrist ☐ optometric trainee ☐ nurse

Teaching Physician Note: I interviewed and examined the patient. Date: \_\_\_\_\_

Briefly, the reason(s) for today's visit and history is:

Slow taper

On examination, of particular note I observed:

Other considerations (lab test results, etc.) include:

T/C keeping on PO Pred.  
during CE

My diagnostic impression is:

PF taper

Care plan is:

See other information recorded today for further details. Faculty Physician Signature \_\_\_\_\_

Bascom Palmer Eye Institute/Anne Bates Leach Eye Hospital  
 900 NW 17<sup>th</sup> Street  
 Miami, FL 33136  
 305-326-6000 or 800-329-7000, Extension \_\_\_\_\_  
 (FAX) 305-326-6374 [WWW.BPEI.MED.MIAMI.EDU](http://WWW.BPEI.MED.MIAMI.EDU)

History:

To: (Insert name and address below)	
Phone:	Fax:

Findings:

Diagnosis:

Inflammation

Plan / Instructions:

Rtc 3 weeks

May go back to work/school on \_\_\_\_\_ Restrictions: ☐ None ☐ Light work ☐ Safety glasses  
 Physical Education: ☐ may take ☐ limited ☐ may not take

Medication Medicación	Eye(s) / Ojo(s)			By mouth Oralmente	Frequency Frecuencia	Duration Duración
	Right Derecho	Left Izquierdo	Both Ambos			
Prednisone				2.5 mg	(1/2 tablet of 5mg tab)	da
Pred Forte (Prednisolone drop)	X				4 x / day	
Cyclogyl	X				every night.	

Physician Name Rosenfeld

Nurse Signature \_\_\_\_\_

Physician Signature \_\_\_\_\_

Patient Signature \_\_\_\_\_

**ANNE BATES LEACH EYE HOSPITAL**  
**BASCOM PALMER EYE INSTITUTE**  
 MIAMI, FLORIDA - PALM BEACH GARDENS, FLORIDA

**REPORT/PATIENT INSTRUCTIONS**NAME: Mendes, JosephMRN: 838494AGE: \_\_\_\_\_ DOB: 1/28/04DATE OF SERVICE: 1/28/04

Stock No. 3755


 Rev.  
 05/00

MEDICAL RECORDS COPY

## Type of visit

- ☐ New or over 3 years ☒ Follow-up (established patient)  
☐ Care ☐ 2nd opinion ☐ Consult ☐ Pre-op ☐ Post-op

## Consultation

## Request

- ☐ Letter  
☐ Phone  
☐ Other

## Report

- ☐ Dictated  
☐ Phone  
☐ Other

Referring Physician \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Fax \_\_\_\_\_

E-mail \_\_\_\_\_

## Current symptoms:

- location  
 severity/quality  
 duration  
 timing  
 context  
 modified by  
 associated signs and  
 symptoms  
 impact on lifestyle

## Chronology of illness:

- onset and course of  
 illness, including  
 medical and surgical  
 treatment, and by whom  
 Last eye exam (when, where,  
 by whom?)

Interval history since last visit  
here

## Reason/purpose of visit (symptom, complaint, diagnosis, condition, problem):

## History of Present Illness (summary and history of interval since last visit here):

*Dr. Rosenberg*  
*Pth report Blurred VA Post Stroke in*  
*65yo. 01/08/04*  
*refractive error @ Presb.*  
*amplamatory pseudotumor*

## Current Ocular Medications:

PF Pred BID OD

Acular BID OD

Prednisone 5mg QD

TI BID tab. QD

## Review of Systems, Past, Medical, Social History

- ☐ See today's patient questionnaire. ☒ See Problem List created or updated today.  
☐ No change since history recorded on \_\_\_\_\_ (date) except as recorded below.

Changes since last review and items of particular note:

## • Visual Acuity

## Distance

without  
correctionwith present  
glasseswith  
pinholewith glare  
(or lights on)

OD 20/40

20/30

OS 20/100

20/50

## Near

without  
correctionwith  
glasses

## Best corrected acuity

OD:  $\frac{1050}{175} \times 0.45 \rightarrow 20/30$  Add: \_\_\_\_\_  
 OS:  $\frac{1050}{175} \times 0.15 \rightarrow 20/60$  Add: \_\_\_\_\_

## Wearing (How old? \_\_\_\_\_)

OD: \_\_\_\_\_ = \_\_\_\_\_ x \_\_\_\_\_ Add: \_\_\_\_\_  
 OS: \_\_\_\_\_ = \_\_\_\_\_ x \_\_\_\_\_ Add: \_\_\_\_\_

## • CONFRONTATION FIELDS normal OU

## • OCULAR MOTILITY

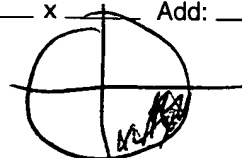
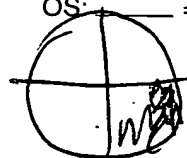
orthophoria in primary gaze fulluctions

## • ADNEXAE WNL

## • PUPILS AND IRIS no APD OU

• IOP OD: 10 OS: 09 Time measured: 3/10 Time used glaucoma meds: \_\_\_\_\_  
☒ Appl ☐ Tonopen ☐ Pneumo ☐ Not done: child trauma possible infectious disease

PUPILS DILATED: Time: \_\_\_\_\_ Meds used: \_\_\_\_\_



ANNE BATES LEACH EYE HOSPITAL  
 BASCOM PALMER EYE INSTITUTE  
 MIAMI, FLORIDA - PALM BEACH GARDENS, FLORIDA

## OCULAR EVALUATION

N

MENDES, JOSEPH

1963

M

A838494

DOB:

04/26/1938

AC

DATE OF SERVICE: 01 / 28 / 04

Stock No. 3511

Rev. 8/01  
MOORE

## ANTERIOR SEGMENT

- eyelid margin clean mild scurf MGD  
 puncta good position everted stenosis  
 • conjunctiva white quiet  
 • cornea WNL  
 tear film: WNL dry excessive mucoid purulent  
 epithelium: WNL PEE  
 stroma: WNL thick clear cloudy  
 endothelium: WNL guttata no guttata  
 • anterior chamber  
 depth deep centrally deep peripherally  
 cells & flare quiet  
 Iris WNL  
 • lens  
 cortex clear early opacity  
 capsule clear PSC  
 nucleus clear early NS

gonioscopy open, wide

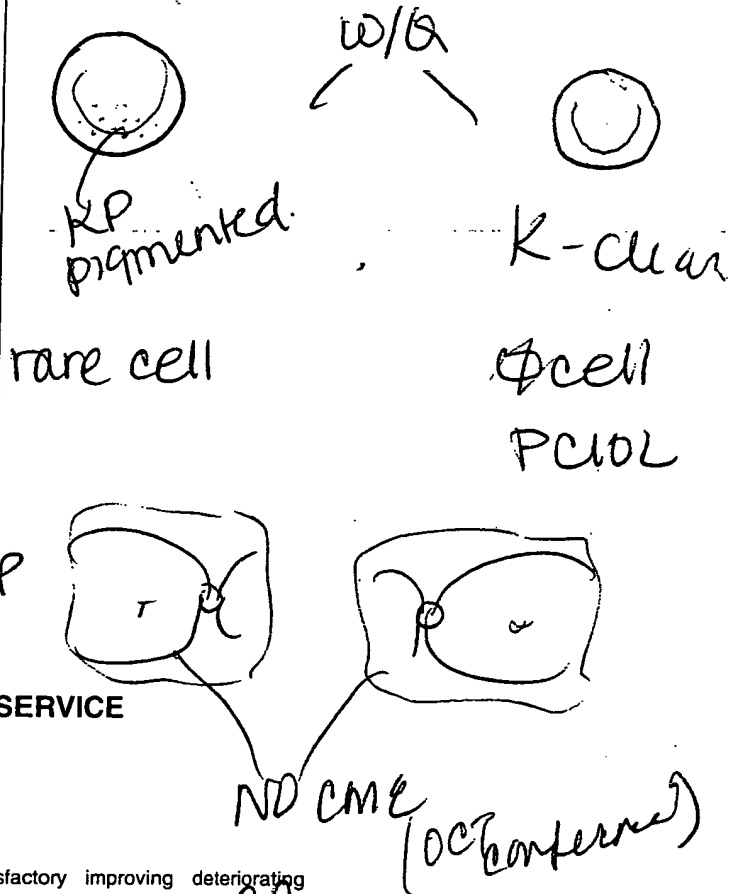
## POSTERIOR SEGMENT

- Vitreous clear posterior detachment  
 • Optic disc: physiologic no change  
 • Retina:  
 macula WNL drusen  
 vessels WNL narrow  
 periphery WNL lattice

good color &amp; sharp

## ADDITIONAL EXAMINATION AND EXTENDED SERVICE

## DIAGRAM ABNORMAL FINDINGS OF NOTE



## DIAGNOSTIC IMPRESSIONS Condition: stable satisfactory improving deteriorating

1. Inflammatory Pseudotumor - Doing well

2. Recent CVA in Left quadranopia

3. Cat OD

4. Aphakia OS

5. SP Lasix on

## MANAGEMENT PLAN

1. Dic Acular

2. PF QID (↑)

3. Cyclogyl. Qhs.

4. Prednisone 1/2 tab QD

Has been changed again

Schedule next visit for:

Refract PKS

Gonioscopy

Visual Field

Keratometry

Bilateral Fundus Exam

Fluor angio

Echography

Other:

? hypersciz shift  
3 wks

- ☐ technician ☐ resident ☐ fellow ☐ faculty  
☐ optometrist ☐ optometric trainee ☐ nurse

- ☐ technician ☒ resident ☐ fellow ☐ faculty  
☐ optometrist ☒ optometric trainee ☐ nurse

Rosenberg

Teaching Physician Note: I interviewed and examined the patient. Date: \_\_\_\_\_

Briefly, the reason(s) for today's visit and history is:

On examination, of particular note I observed:

Other considerations (lab test results, etc.) include:

My diagnostic impression is:

Care plan is:

See other information recorded today for further details. Faculty Physician Signature \_\_\_\_\_

☐ Medically necessary ☐ Teaching ☐ Study ☐ Today ☐ Follow Up \_\_\_\_\_ (date)☐ Dilate: (circle) No ☐ OD ☐ OS ☐ OUMeds: ☐ phenylephrine ☐ tropicamide ☐ cyclopentolate**FUNDUS PHOTOGRAPHY** (921441, 92250, 0230)☐ OD ☐ OS ☐ OU

RE Equator LE

**FLUORESCIN ANGIOGRAPHY ICG & FUNDUS PHOTOS**☐ OD (922663, 92235, 0231) ☐ OD (922623, 92240, 0231)  
☐ OS (922665, 92235, 0231) ☐ OS (922625, 92240, 0231)  
☐ OU (922660, 92235-50, 0231) ☐ OU (922621, 92240-50, 0231)**Special Instructions** (see also drawing)☐ Optic Nerve 1X 2X ☐ Macula 1X 2X  
☐ Diabetic Pattern ☐ Peripheral Sweep ☐ Wide Angle  
☐ OD ☐ OS for initial transit  
☐ FA Film ☐ FA Digital ☐ Wide Angle**SLIT LAMP PHOTO** (922700, 92285, 0230)☐ OD ☐ OS ☐ OU ☐ Cornea ☐ Iris ☐ Lens**EXTERNAL PHOTO** (920980, 92285, 0230)☐ Full Face ☐ Motility ☐ Profile**GONIO PHOTOGRAPHY** (921483, 92285, 0230)**DIAGNOSIS** (Reason for ordering test). Diagnosis must be specified for **each** exam requested.

AMD: ☐ dry 362.51 ☐ wet 362.52 ☐ CME 362.53 ☐ other retinal edema 362.83  
Diabetes: ☐ type I 250.51 ☐ type II 250.50 ☐ NPDR 362.01 ☐ DME 362.83 ☐ PDR 362.02  
Choroid: ☐ malignant melanoma 190.6 ☐ nevus 224.6 ☐ mass, uncertain behavior 238.8  
Inflamm.: ☐ CMV 078.5 ☐ Chorioretinitis, disseminated 363.13 ☐ panuveitis 360.12 ☐ pars planitis 363.21 ☐ retinal vasculitis 362.18  
Vascular: ☐ CNV 362.16 ☐ PED 362.42 ☐ Heme PED 362.43 ☐ Subret Heme 362.81  
☐ CRAO 362.31 ☐ BRAO 362.32 ☐ CRVO 362.35 ☐ BRVO 362.36  
Glaucoma: ☐ POAG 365.11 ☐ NTG 365.12 ☐ OHT 365.04 ☐ chronic angle closure 365.23 ☐ pseudoexfol 365.52 ☐ pigmentary 365.13  
Cornea: ☐ Corneal ulcer 370.00 ☐ keratoconus 371.60 ☐ pterygium 372.40

OTHER

CME

Ordering Physician's Signature: \_\_\_\_\_

Date: 1/28/04

ABN: ☐ Not Required ☐ ObtainedAUTHORIZATION REQUEST ☐ Yes

(authorization#)

☐ Denied:

(reason)

☐ Not required

INTERPRETATION/REPORT: Date of Test \_\_\_\_\_

OCT < 230 > NO cystic intraretinal edema  
221

Report prepared by (Signature) \_\_\_\_\_

(Date) 1/28/04

Attending physician statement  
if another person prepared the  
report: I personally reviewed  
the test results and agree with or  
have modified the interpretation.**Physician Interpretation and Report**☐ Fluorescein Angiogram  
☐ Indocyanine-green Angio  
☐ Fundus Photos  
☐ External/Slit Lamp Photo  
☐ Gonio Photography**EYE**☐ OD ☐ OS ☐ OU  
☐ OD ☐ OS ☐ OU  
one or both  
one or both  
one or both**UMMG**10332 92235-26  
92240 92240-26  
92250 92250-26  
10337 92285-26  
10337 92285-26**CPT Code****ANNE BATES LEACH EYE HOSPITAL****BASCOM PALMER EYE INSTITUTE****MIAMI, FLORIDA - PALM BEACH GARDENS, FLORIDA****PHYSICIAN ORDER FORM /  
PHOTOGRAPHY**

NAME: Mendes, Joseph

MRN: 838494

AGE: \_\_\_\_\_

DOB: \_\_\_\_\_

DATE OF SERVICE: \_\_\_\_\_



**STRATUS OCT**  
**Retinal Thickness Analysis Report - Ver. 3.0**



MENDES, JOSEPH

ScanType: Fast Macular Thickness Map

DOB: 04/26/1938, ID: 838494, Male

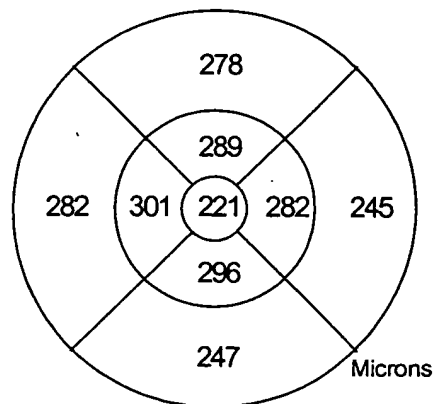
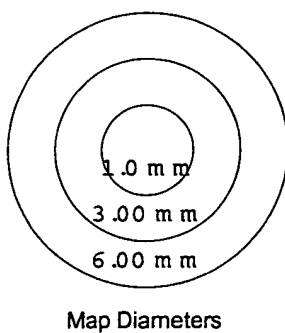
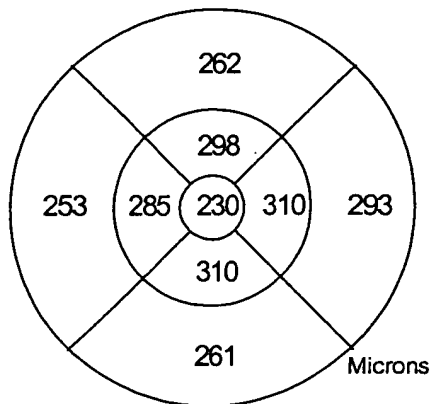
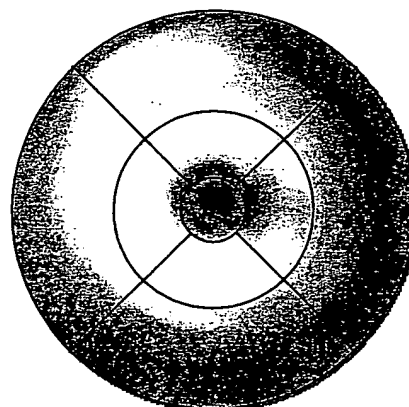
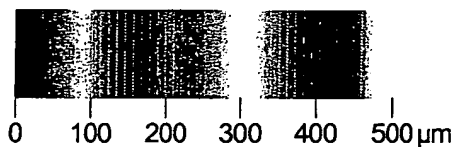
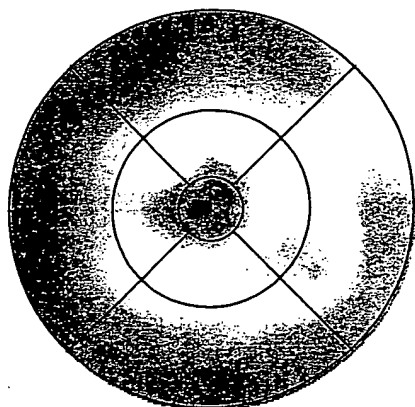
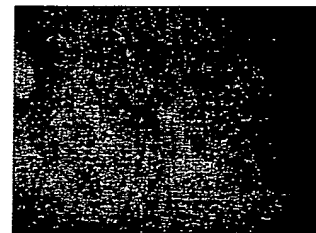
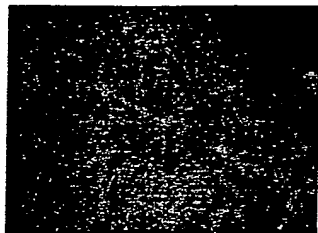
ScanDate: 01/28/2004

CME

ScanLength: 6.0

OD

OS



<b>OD</b>	Foveal Thickness	180 +/- 9 microns
	Total Macular Volume	7.74 mm <sup>3</sup>

<b>OS</b>	Foveal Thickness	184 +/- 17 microns
	Total Macular Volume	7.59 mm <sup>3</sup>

Signature: \_\_\_\_\_

Physician: ROSENBERG

BASCOM PALMER 1061



STRATUS OCT  
Normalize Process Report - Ver. 3.0



MENDES, JOSEPH

ScanType: Radial Lines OD.

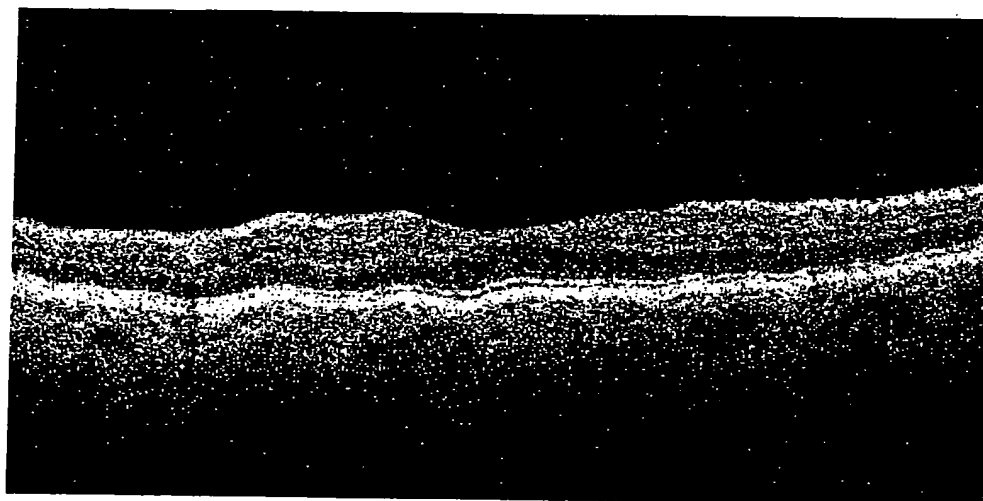
DOB: 04/26/1938, ID: 838494, Male

ScanDate: 01/28/2004

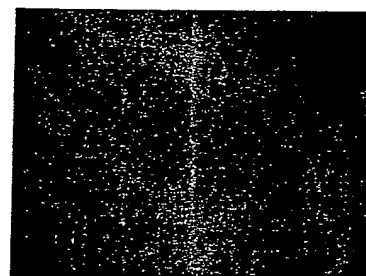
CME

ScanLength: 6.0

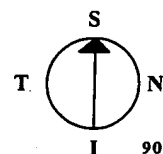
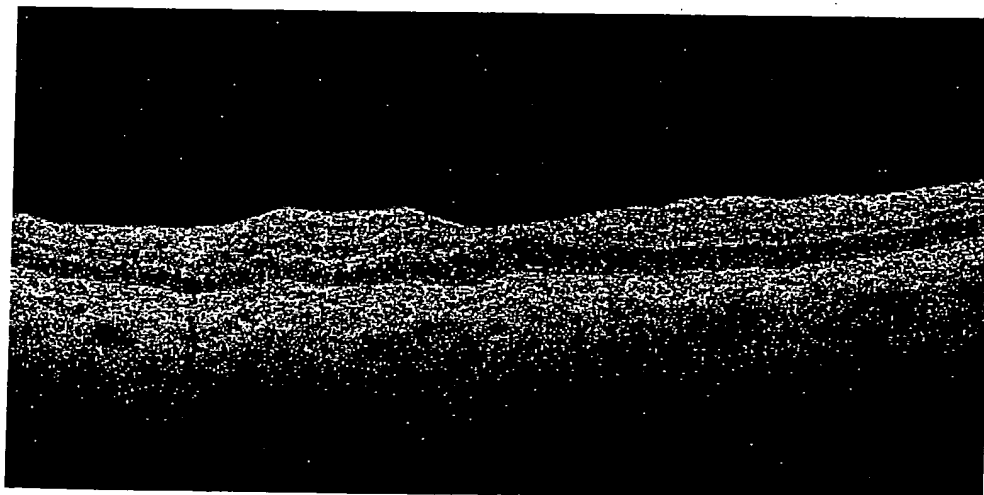
OCT Image



Fundus Image



Scanned Image



Signature: \_\_\_\_\_

Physician: ROSENBERG

BASCOM PALMER 1061

STRATUS OCT  
Normalize Process Report - Ver. 3.0



MENDES, JOSEPH

ScanType: Radial Lines OD

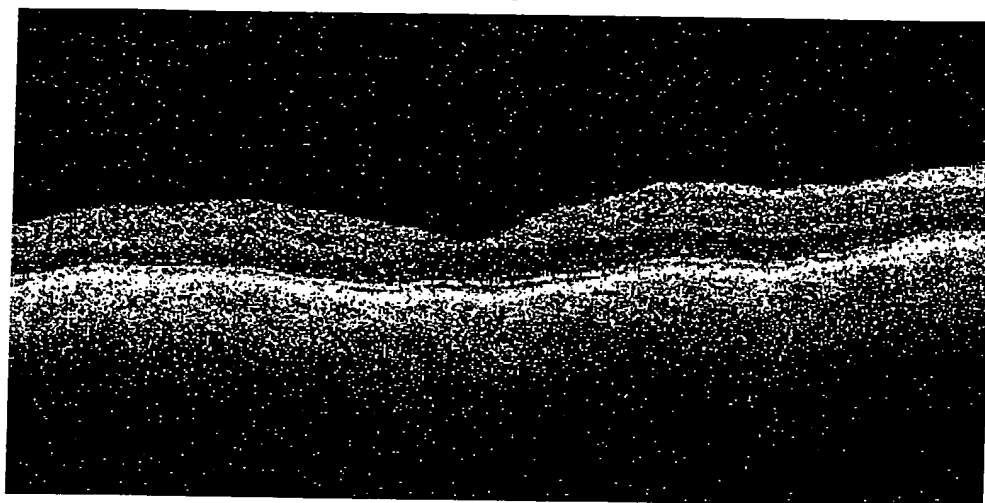
DOB: 04/26/1938, ID: 838494, Male

ScanDate: 01/28/2004

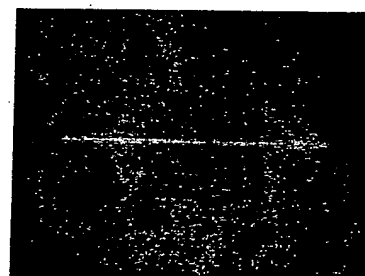
CME

ScanLength: 6.0

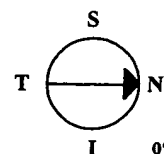
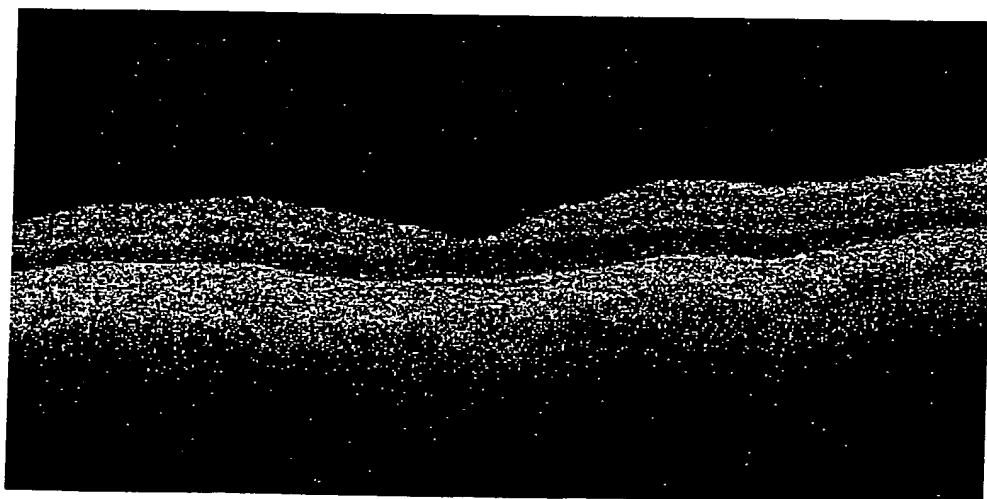
OCT Image



Fundus Image



Scanned Image



Signature: \_\_\_\_\_

Physician: ROSENBERG

BASCOM PALMER 1061

STRATUS OCT  
Normalize Process Report - Ver. 3.0



MENDES, JOSEPH

ScanType: Radial Lines OS

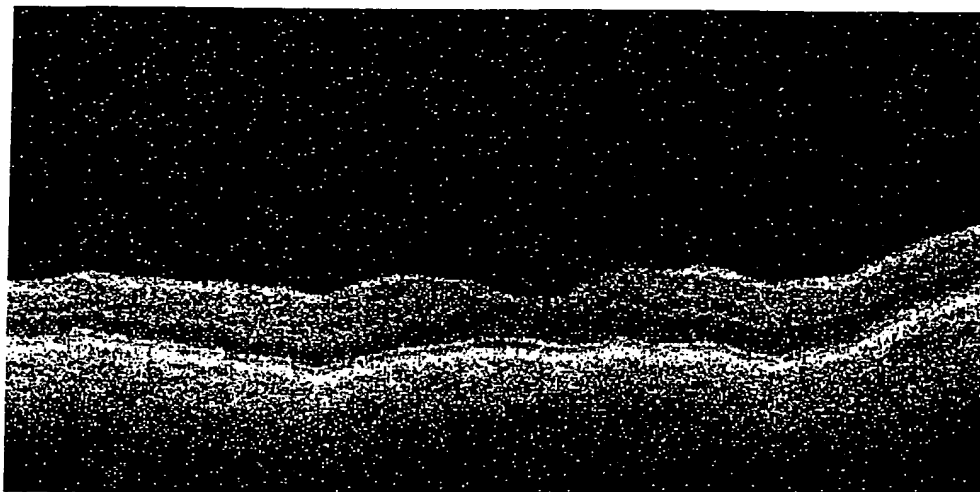
DOB: 04/26/1938, ID: 838494, Male

ScanDate: 01/28/2004

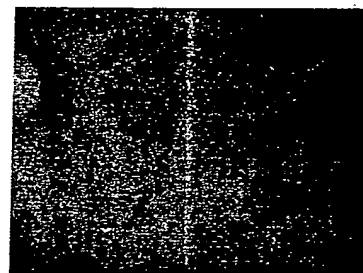
CME

ScanLength: 6.0

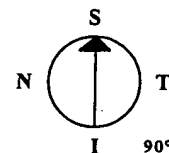
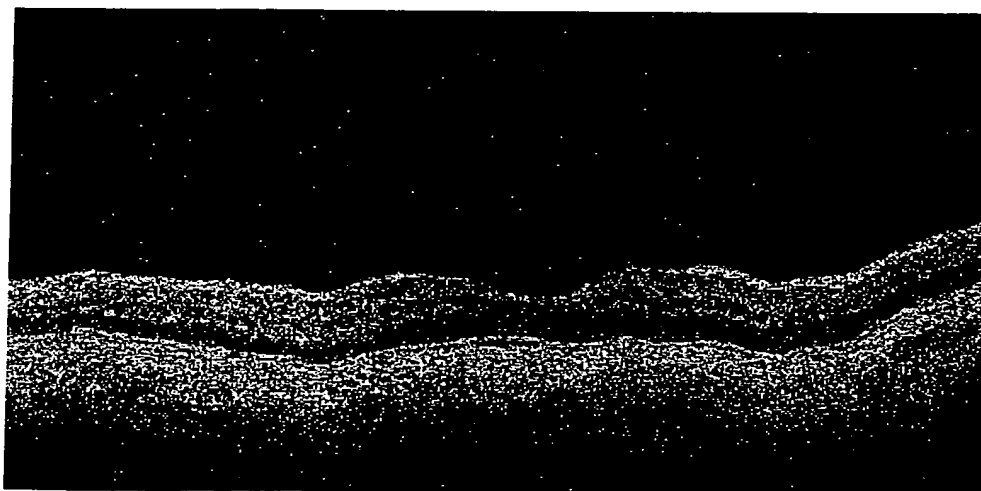
OCT Image



Fundus Image



Scanned Image



Signature: \_\_\_\_\_

Physician: ROSENBERG

BASCOM PALMER 1061

**STRATUS OCT**  
**Normalize Process Report - Ver. 3.0**



MENDES, JOSEPH

ScanType: Radial Lines OS

DOB: 04/26/1938, ID: 838494, Male

ScanDate: 01/28/2004

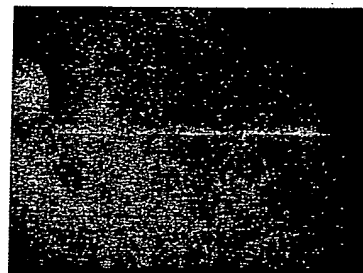
CME

ScanLength: 6.0

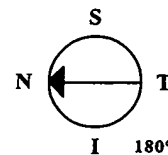
OCT Image



Fundus Image



Scanned Image



Signature: \_\_\_\_\_

Physician: ROSENBERG

BASCOM PALMER 1061

Type of visit ☐ New or over 3 years ☐ Follow-up (established patient)  
☐ Care ☐ 2nd opinion ☐ Consult ☐ Pre-op ☐ Post-op

### Consultation

Request ☐ Letter ☐ Dictated  
☐ Phone ☐ Phone  
☐ Other ☐ Other

Referring Physician \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_ E-mail \_\_\_\_\_

Current symptoms:  
location  
severity/quality  
duration  
timing  
context  
modified by  
associated signs and  
symptoms  
impact on lifestyle  
Chronology of illness:  
onset and course of  
illness, including  
medical and surgical  
treatment, and by whom  
Last eye exam (when, where,  
by whom?)  
Interval history since last visit  
here

Reason/purpose of visit (symptom, complaint, diagnosis, condition, problem):

*Vision about the same.*

History of Present Illness (summary and history of interval since last visit here):

### Current Ocular Medications:

*Prednisone ~~QD~~ BID 5mg BID*

### Review of Systems, Past, Medical, Social History

☐ See today's patient questionnaire. ☐ See Problem List created or updated today.  
☐ No change since history recorded on \_\_\_\_\_ (date) except as recorded below.

Changes since last review and items of particular note:

### Visual Acuity

### Distance

	<u>without correction</u>	with present glasses	<u>with pinhole</u>	with glare (or lights on)
OD	<i>20/60<sup>-2</sup></i>		<i>20/30<sup>-2</sup></i>	
OS	<i>20/60<sup>+1</sup></i>		<i>20/40<sup>-2</sup></i>	

### Near

without correction	with glasses
--------------------	--------------

### Best corrected acuity

OD: \_\_\_\_\_ = \_\_\_\_\_ x \_\_\_\_\_ → \_\_\_\_\_ Add: \_\_\_\_\_ → \_\_\_\_\_  
OS: \_\_\_\_\_ = \_\_\_\_\_ x \_\_\_\_\_ → \_\_\_\_\_ Add: \_\_\_\_\_ → \_\_\_\_\_

Wearing (How old? \_\_\_\_\_ )

OD: \_\_\_\_\_ = \_\_\_\_\_ x \_\_\_\_\_ Add: \_\_\_\_\_  
OS: \_\_\_\_\_ = \_\_\_\_\_ x \_\_\_\_\_ Add: \_\_\_\_\_

• CONFRONTATION FIELDS normal OU

### OCULAR MOTILITY

orthophoria in primary gaze full ductions

• ADNEXAE WNL

• PUPILS AND IRIS no APD OU

• IOP OD: *12* OS: *12* Time measured: *3:52* Time used glaucoma meds: \_\_\_\_\_  
☐ Appl ☒ Tonopen ☐ Pneumo ☐ Not done: child trauma possible infectious disease

PUPILS DILATED: Time: *3:54* Meds used: *M/W*

ANNE BATES LEACH EYE HOSPITAL  
BASCOM PALMER EYE INSTITUTE  
MIAMI, FLORIDA - PALM BEACH GARDENS, FLORIDA

### OCULAR EVALUATION

NAME: *MENDES, JOSEPH*  
MRN: *838494*

AGE: \_\_\_\_\_ DOB: *04/26/98*

DATE OF SERVICE: *12/22/03*

Stock No. 3511



Rev. 8/01  
MOORE

## ANTERIOR SEGMENT

eyelid margin clean mild scurf MGD  
 puncta good position everted stenosis  
 conjunctiva white quiet  
 cornea WNL

tear film: WNL dry excessive mucoid purulent  
 epithelium: WNL PEE  
 stroma: WNL thick clear cloudy  
 endothelium: WNL guttata no guttata

## anterior chamber

depth deep centrally deep peripherally  
 cells & flare quiet

Iris WNL  
 lens

cortex clear early opacity  
 capsule clear PSC  
 nucleus clear early NS

gonioscopy open, wide

## POSTERIOR SEGMENT

Vitreous clear posterior detachment

Optic disc: physiologic no change

Retina:

macula WNL drusen  
 vessels WNL narrow  
 periphery WNL lattice

## ADDITIONAL EXAMINATION AND EXTENDED SERVICE

## DIAGNOSTIC IMPRESSIONS Condition: stable satisfactory improving deteriorating

1. Inflammatory Pseudotumor - recent rebound until now on slow taper.

## MANAGEMENT PLAN

1. Cont slow Pred taper.  
 2. RTC 1 month.

Saila E. Term

☐ technician ☐ resident ☐ fellow ☐ faculty  
☐ optometrist ☐ optometric trainee ☐ nurse

Schedule next visit for: \_\_\_\_\_

Refract

PKS

Fluor angio

Gonioscopy

Keratometry

Echography

Visual Field

Dilated Fundus Exam

Other: \_\_\_\_\_

☐ technician ☒ resident ☐ fellow ☐ faculty  
☐ optometrist ☐ optometric trainee ☐ nurse

Teaching Physician Note: I interviewed and examined the patient. Date: \_\_\_\_\_

Briefly, the reason(s) for today's visit and history is:

On examination, of particular note I observed:

Other considerations (lab test results, etc.) include:

My diagnostic impression is:

My care plan is:

See other information recorded today for further details. Faculty Physician Signature \_\_\_\_\_

☒ Medically necessary    ☐ Teaching    ☐ Study    \_\_\_\_\_    ☐ Today    ☒ Follow Up    9/10  
 (date)

☒ Diagnostic B Scan    ☐ OD (922855, 76512, 76512-26, 0266)    ☐ OS (922857, 76512, 76512-26, 0266)    ☒ OU (922853, 76512, 76512-26, 0266)  
☒ Diagnostic A Scan    ☐ OD (922875, 76511, 76511-26, 0266)    ☐ OS (922877, 76511, 76511-26, 0266)    ☒ OU (922873, 76511, 76511-26, 0266)  
☐ Diagnostic Hi Res B Scan    ☐ OD (922750, 76513, 76513-26, 0265)    ☐ OS (922752, 76513, 76513-26, 0265)    ☐ OU (922755, 76513, 76513-26, 0265)  
☐ Ultrasonic FB Localization    ☐ OD (923001, 76529, 76529-26, 0265)    ☐ OS (923002, 76529, 76529-26, 0265)    ☐ OU (923003, 76529, 76529-26, 0265)  
☐ Radiation Plaque Placement    ☐ OD (923332, 76950, 76950-26, 0268)    ☐ OS (923333, 76950, 76950-26, 0268)    ☐ OU (923334, 76950, 76950-26, 0268)  
☐ Biometric A Scan without IOL calculations    ☐ OD    ☐ OS    ☐ OU (924130, 76516, 76516-26, 0266)

Is this a follow-up visit? Y \_\_\_\_\_ N \_\_\_\_\_ After exam patient should go to: \_\_\_\_\_

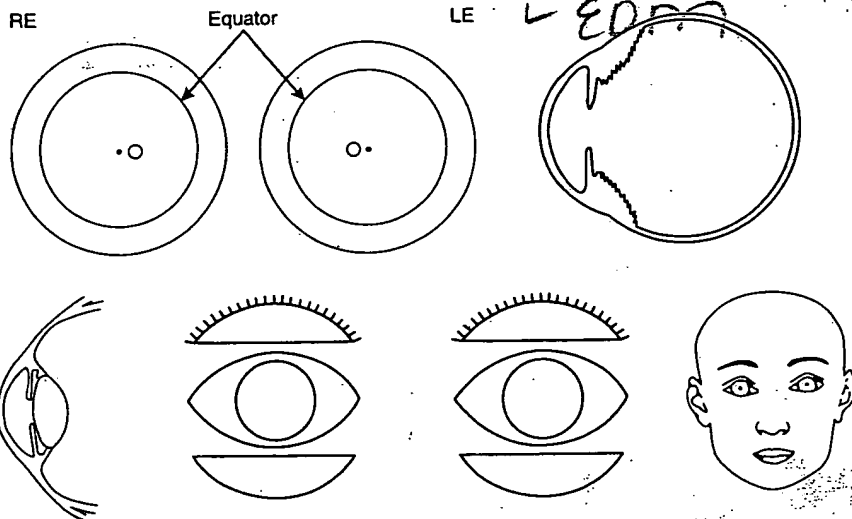
VA: OD 20/25 OS \_\_\_\_\_ IOP: OD \_\_\_\_\_ OS \_\_\_\_\_ CT or MRI performed? ☒ Yes ☐ No

History and specific questions: 65 yo painful red eye - a CN IV palsy

Diagnosis must be specified for each exam requested

#### DIAGNOSIS / REASON FOR TEST

- ☐ Malignant neoplasm of choroid (190.6)
- ☐ Benign neoplasm of choroid (224.6)
- ☐ Neoplasm of uncertain behavior - eye (238.8)
- ☐ Endophthalmitis acute (360.01)
- ☐ Retinal detachment, unspecified (361.9)
- ☐ Choroidal hemorrhage (363.61)
- ☐ Cataract, total or mature (366.17)
- ☐ Corneal opacity, unspecified (371.00)
- ☐ Exophthalmos unspecified (376.30)
- ☐ Papilledema, unspecified (377.00)
- ☐ Optic atrophy, unspecified (377.10)
- ☒ Posterior scleritis (379.07)
- ☐ Vitreous hemorrhage (379.23)
- ☐ Vitreous opacities (379.24)
- ☐ Open wound of eyeball, unspecified (871.9)
- ☐ Contusion of eyeball (921.3)



Other: \_\_\_\_\_

Ordering Physician's Signature: \_\_\_\_\_ Date: 9/9/03 ABN: ☐ Not Required ☐ Obtained

AUTHORIZATION REQUEST ☐ Yes \_\_\_\_\_ (authorization #) ☐ Denied: \_\_\_\_\_ (reason) ☐ Not Required

#### ECHOGRAPHER'S COMMENTS

Date of Test \_\_\_\_\_

☐ Physician Interpretation done

Date \_\_\_\_\_

Report Prepared by: (Signature) \_\_\_\_\_ Date: \_\_\_\_\_

Signature \_\_\_\_\_

**ANNE BATES LEACH EYE HOSPITAL**  
**BASCOM PALMER EYE INSTITUTE**  
 MIAMI, FLORIDA - PALM BEACH GARDENS, FLORIDA

#### ECHOGRAPHY

NAME: Mendes, Joseph

MRN: 838494

AGE: \_\_\_\_\_ DOB: 1/1/1922

DATE OF SERVICE: 9/19/03



# Bascom Palmer EYE INSTITUTE

University of Miami

Anne Bates Leach Eye Hospital

SCHOOL OF MEDICINE

NAME: MENDES, JOSEPH  
ECHO #: 3-2559  
BPEI#: 838494  
DATE OF EXAM: Tuesday, September 09, 2003  
ECHOGRAPHER: F. Ehliès

REF: Krista Rosenberg, M.D.

INDICATION FOR EXAMINATION

OD: Sixty five year old man with a painful red eye and fourth nerve palsy. CT showed prominent extraocular muscles. Evaluate muscles. Rule out thyroid eye disease versus pseudotumour versus scleritis.

ECHOGRAPHIC EXAMINATION

OU: Contact B-scan and diagnostic A-scan exams were performed. There is no evidence of posterior scleritis. There is mild, diffuse fundus thickening in the right eye, when compared with the left. All of the extraocular muscles in the right orbit are enlarged and low reflective compared to the contralateral muscles. The right retrobulbar optic nerve is enlarged with a positive 30 degree test. The left retrobulbar optic nerve is within normal limits.

Muscle Table  
in mm

	<u>SR/LC</u>	<u>LR</u>	<u>IR</u>	<u>MR</u>	<u>TOTAL</u>	<u>ON</u>
<u>OD</u>	7.80	3.90	5.50	4.00	21.20	0.00
<u>OS</u>	6.30	3.00	3.10	3.60	16.00	0.00

Optic Nerve Table  
in mm

	<u>OD</u>	<u>30 degree</u>	<u>OS</u>	<u>30 Degree</u>
<u>ANTERIOR</u>	4.30	3.50	3.10	
<u>POSTERIOR</u>	4.10	3.40	2.90	

IMPRESSION

1. No evidence of posterior scleritis.
2. Echograms are most consistent with idiopathic orbital inflammatory disease of the right orbit.

F. Ehliès  
Diagnostic Echographer

DICTATED BY F. Ehliès

Timothy Murray, M.D.  
Associate Professor

FINAL INTERPRETATION

Note: My signature above affirms that I, Timothy G. Murray, M.D. have personally viewed the images and, upon review, either agreed with or edited the interpretation and the report.

32999 EOM;ON;CHT



Bascom Palmer Eye Institute/Anne Bates Leach Eye Hospital  
 900 NW 17<sup>th</sup> Street  
 Miami, FL 33136  
 305-326-6000 or 800-329-7000, Extension \_\_\_\_\_  
 (FAX) 305-326-6374 [WWW.BPEI.MED.MIAMI.EDU](http://WWW.BPEI.MED.MIAMI.EDU)

History:

To: (Insert name and address below)	
Phone:	Fax:

Findings:

Diagnosis:

"Orbital inflammatory pseudotumor"

Plan / Instructions:

May go back to work/school on \_\_\_\_\_ Restrictions: ☐ None ☐ Light work ☐ Safety glassesPhysical Education: ☐ may take ☐ limited ☐ may not take

Medication Medicación	Eye(s) / Ojo(s)			By mouth Oralmente	Frequency Frecuencia	Duration Duración
	Right Derecho	Left Izquierdo	Both Ambos			
Prednisone	(20mg total)			10 mg	2 x / day	2 weeks
	(10mg total)			5 mg	2 x / day	2 weeks
	(5mg total)			5 mg	1 x / day	2 weeks
	(1/2 tablet)			2.5mg	1 x / day	2 weeks
Pred Forte	X				4 x / day	
Acular	X				4 x / day	

Physician Name Rosenberg

Nurse Signature \_\_\_\_\_

Physician Signature \_\_\_\_\_

Patient Signature \_\_\_\_\_

**ANNE BATES LEACH EYE HOSPITAL**  
**BASCOM PALMER EYE INSTITUTE**  
 MIAMI, FLORIDA - PALM BEACH GARDENS, FLORIDA

**REPORT/PATIENT INSTRUCTIONS**NAME: Joseph mundeS.

MRN: \_\_\_\_\_

AGE: \_\_\_\_\_ DOB: 1 / 1 /DATE OF SERVICE: 12, 3, 03

Stock No. 3755


 Rev.  
 05/00

MEDICAL RECORDS COPY

Type of visit ☐ New or over 3 years ☐ Follow-up (established patient)  
☐ Care ☐ 2nd opinion ☐ Consult ☐ Pre-op ☐ Post-op

### Consultation

#### Request

☐ Letter  
☐ Phone  
☐ Other

#### Report

☐ Dictated  
☐ Phone  
☐ Other

Referring Physician \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_ E-mail \_\_\_\_\_

Current symptoms:  
location  
severity/quality  
duration  
timing  
context  
modified by  
associated signs and  
symptoms  
impact on lifestyle  
Chronology of illness:  
onset and course of  
illness, including  
medical and surgical  
treatment, and by whom  
Last eye exam (when, where,  
by whom?)  
Interval history since last visit  
here

### Reason/purpose of visit (symptom, complaint, diagnosis, condition, problem):

### History of Present Illness (summary and history of interval since last visit here):

Came in to see pt. after speaking with him.  
He came in today (flew in from  
Hew  
Aneba).

Ran out of Prednisone & drops  
prior to flushing tape

### Current Ocular Medications:

2 weeks ago.  
was on 10mg QD

9/0 Red OD, "pressure"  
behind eye like pri.

### Review of Systems, Past, Medical, Social History

☐ See today's patient questionnaire. ☐ See Problem List created or updated today.  
☐ No change since history recorded on \_\_\_\_\_ (date) except as recorded below.

Changes since last review and items of particular note:

Phdiplopia  
mild L VA.

### Visual Acuity

### Distance

### Near

	without correction	with present glasses	with pinhole	with glare (or lights on)
OD	20/40 <sup>-2</sup>		20/30+	
OS	20/60		20/50	

	without correction	with glasses
OD		
OS		

### Best corrected acuity

OD: \_\_\_\_\_ = \_\_\_\_\_ x \_\_\_\_\_ → \_\_\_\_\_ Add: \_\_\_\_\_ → \_\_\_\_\_  
OS: \_\_\_\_\_ = \_\_\_\_\_ x \_\_\_\_\_ → \_\_\_\_\_ Add: \_\_\_\_\_ → \_\_\_\_\_

### Wearing (How old? \_\_\_\_\_)

OD: \_\_\_\_\_ = \_\_\_\_\_ x \_\_\_\_\_ Add: \_\_\_\_\_  
OS: \_\_\_\_\_ = \_\_\_\_\_ x \_\_\_\_\_ Add: \_\_\_\_\_

### CONFRONTATION FIELDS

normal OU

### OCULAR MOTILITY

orthophoria in primary gaze full ductions

### ADNEXAE

WNL

### PUPILS AND IRIS

no APD OU

IOP OD: 26 OS: 08 Time measured: 5:40 PM Time used glaucoma meds: \_\_\_\_\_

☒ Appt ☐ Tonopen ☐ Pneumo ☐ Not done: child trauma possible infectious disease

PUPILS DILATED: Time: 5:40 Meds used: 24/24 (ou)

ANNE BATES LEACH EYE HOSPITAL  
BASCOM PALMER EYE INSTITUTE  
MIAMI, FLORIDA - PALM BEACH GARDENS, FLORIDA

NAME: MENDES, JOSEPH

MRN: 838494

AGE: \_\_\_\_\_ DOB: \_\_\_\_\_

DATE OF SERVICE: 12/03/03

### OCULAR EVALUATION

Stock No. 3511



Rev. 8/01  
MOORE

## ANTERIOR SEGMENT

- eyelid margin clean mild scurf MGD
- puncta good position everted stenosis
- conjunctiva white quiet
- cornea WNL
  - tear film: WNL dry excessive mucoid purulent
  - epithelium: WNL PEE
  - stroma: WNL thick clear cloudy
  - endothelium: WNL guttata no guttata
- anterior chamber
  - depth deep centrally deep peripherally
  - cells & flare quiet
- Iris WNL
- lens
  - cortex clear early opacity
  - capsule clear PSC
  - nucleus clear early NS
- gonioscopy open, wide

## POSTERIOR SEGMENT

- Vitreous clear posterior detachment
- Optic disc: physiologic no change
- Retina:
  - macula WNL drusen
  - vessels WNL narrow
  - periphery WNL lattice

## ADDITIONAL EXAMINATION AND EXTENDED SERVICE

## DIAGNOSTIC IMPRESSIONS Condition: stable satisfactory improving deteriorating

- Orbital Inflammation Pseudotumor OD - recurrence/rebound inflammation prior to complete taper (ran out of meds).
- Cat OD
- Phakia OS.

## MANAGEMENT PLAN

- Restart Prednisone @ 20 mg QD x 2 wk → 10 mg x 2 wk
- Restart PF + Acular QID
- may keep appt on 12/15/23.

- ☐ technician ☒ resident ☐ fellow ☐ faculty  
☐ optometrist ☐ optometric trainee ☐ nurse

- ☒ technician ☐ resident ☐ fellow ☐ faculty  
☐ optometrist ☐ optometric trainee ☐ nurse

**Teaching Physician Note:** I interviewed and examined the patient. Date: \_\_\_\_\_  
 Briefly, the reason(s) for today's visit and history is: \_\_\_\_\_

In examination, of particular note I observed:

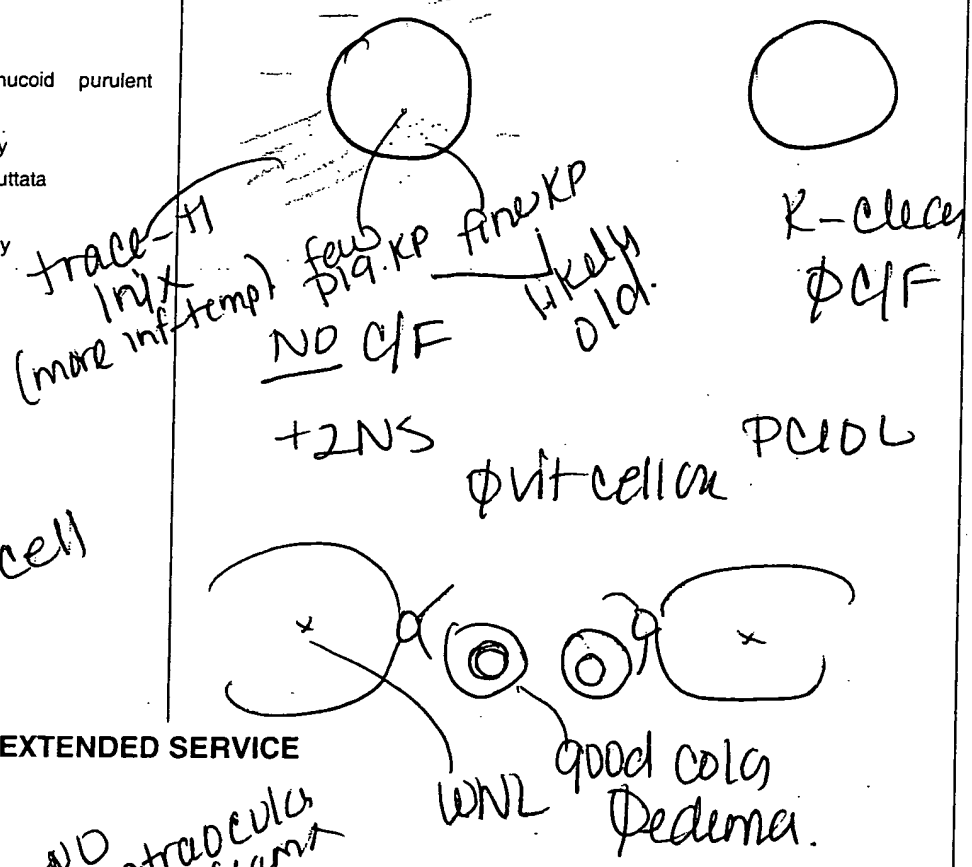
Other considerations (lab test results, etc.) include:

My diagnostic impression is:

are plan is:

See other information recorded today for further details. Faculty Physician Signature \_\_\_\_\_

## DIAGRAM ABNORMAL FINDINGS OF NOTE



DR. Rosenberg

Type of visit ☐ New or over 3 years ☒ Follow-up (established patient)  
☐ Care ☐ 2nd opinion ☐ Consult ☐ Pre-op ☐ Post-op

Consultation

Request  
☐ Letter  
☐ Phone  
☐ Other

Report  
☐ Dictated  
☐ Phone  
☐ Other

Referring Physician \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_ E-mail \_\_\_\_\_

Current symptoms:  
location  
severity/quality  
duration  
timing  
context  
modified by  
associated signs and  
symptoms  
impact on lifestyle  
Chronology of illness:  
onset and course of  
illness, including  
medical and surgical  
treatment, and by whom  
Last eye exam (when, where,  
by whom?)  
Interval history since last visit  
here

Reason/purpose of visit (symptom, complaint, diagnosis, condition, problem):

Doing better.

History of Present Illness (summary and history of interval since last visit here):

H/O Orbital Inflammatory pseudotumor

⊕ CME OD

5/16 Lasik OU 5 yrs ago  
CE IOL OS 2 yrs ago

feels drop  
gets him  
irritable

Current Ocular Medications:

Volaren TID (gets burn) OD / Alphagan TID OD  
PF QID OD

Review of Systems, Past, Medical, Social History

☐ See today's patient questionnaire. ☐ See Problem List created or updated today.  
☐ No change since history recorded on \_\_\_\_\_ (date) except as recorded below.

Prednisone 20mg

Changes since last review and items of particular note:

FEI → 10 y for  
2 wks  
1/2 wks

	Distance			
	without correction	with present glasses	with pinhole	with glare (or lights on)
OD	20/50 <sup>+2</sup> (squint)		20/30 <sup>+2</sup>	
OS	20/50 <sup>+</sup>		20/40 <sup>-2</sup>	

Near	
without correction	with glasses

Best corrected acuity

OD:  $\frac{+1.00}{-0.25} = \frac{+0.25}{+1.25} \times \frac{085}{061} \rightarrow \frac{20/30}{20/40}$  Add: \_\_\_\_\_ → \_\_\_\_\_  
OS:  $\frac{+1.00}{-0.25} = \frac{+0.25}{+1.25} \times \frac{085}{061} \rightarrow \frac{20/30}{20/40}$  Add: \_\_\_\_\_ → \_\_\_\_\_

Wearing (How old? \_\_\_\_\_)

OD: \_\_\_\_\_ = \_\_\_\_\_ x \_\_\_\_\_ Add: \_\_\_\_\_  
OS: \_\_\_\_\_ = \_\_\_\_\_ x \_\_\_\_\_ Add: \_\_\_\_\_

• CONFRONTATION FIELDS normal OU

• OCULAR MOTILITY  
orthophoria in primary gaze full ductions

• ADNEXAE WNL

• PUPILS AND IRIS no APD OU

• IOP OD: 11 OS: 12 Time measured: 11:40 Time used glaucoma meds: \_\_\_\_\_  
☒ Appl ☒ Tonopen ☐ Pneumo ☐ Not done: child trauma possible infectious disease  
PUPILS DILATED: Time: \_\_\_\_\_ Meds used: 11:50 ~ T+P

ANNE BATES LEACH EYE HOSPITAL  
BASCOM PALMER EYE INSTITUTE  
MIAMI, FLORIDA - PALM BEACH GARDENS, FLORIDA

MENDES, JOSEPH  
DOB: 04/26/1938  
A838494

OCULAR EVALUATION

DATE OF SERVICE: 10, 28, 03

Stock No. 3511



Rev. 8/01  
MOORE

# ANTERIOR SEGMENT

Best Available Copy

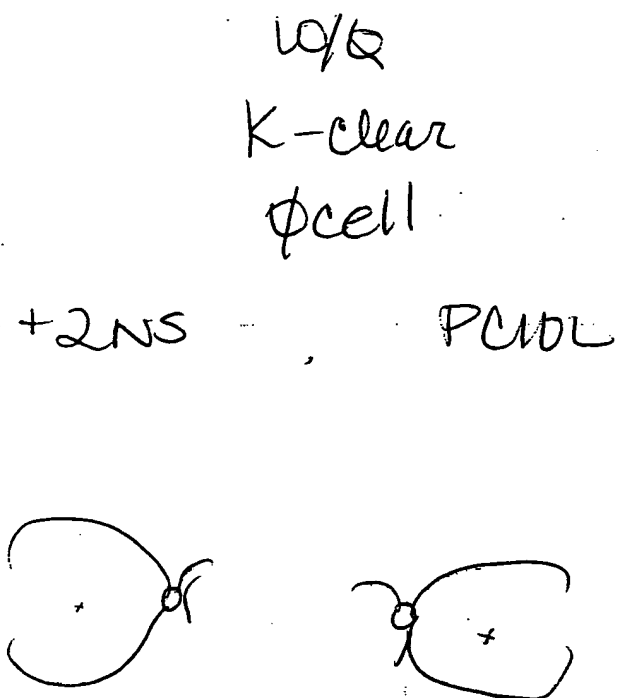
# DIAGRAM ABNORMAL FINDINGS OF NOTE

- eyelid margin clean mild scurf MGD
- puncta good position everted stenosis
- conjunctiva white quiet
- cornea WNL
  - tear film: WNL dry excessive mucoid purulent
  - epithelium: WNL PEE
  - stroma: WNL thick clear cloudy
  - endothelium: WNL guttata no guttata
- anterior chamber
  - depth deep centrally deep peripherally
  - cells & flare quiet
- Iris WNL
- lens
  - cortex clear early opacity
  - capsule clear PSC
  - nucleus clear early NS
- gonioscopy open, wide

# POSTERIOR SEGMENT

- Vitreous clear posterior detachment
- Optic disc: physiologic no change
- Retina:
  - macula WNL drusen
  - vessels WNL narrow
  - periphery WNL lattice

# ADDITIONAL EXAMINATION AND EXTENDED SERVICE



# DIAGNOSTIC IMPRESSIONS

Condition: stable satisfactory improving deteriorating

- Orbital inflammatory pseudotumor - much improved.
- Cat OD

Also interested in Lasix re-vision.

# MANAGEMENT PLAN

- Cont Prednisone taper.
- Refer to faculty due to HMD

Schedule next visit for: \_\_\_\_\_

Refract      PKS      Fluor angio  
Gonioscopy      Keratometry      Echography  
Visual Field      Dilated Fundus Exam      Other: \_\_\_\_\_

☒ technician ☐ resident ☐ fellow ☐ faculty  
☐ optometrist ☐ optometric trainee ☐ nurse

# Teaching Physician Note:

I interviewed and examined the patient. Date: \_\_\_\_\_

On examination, of particular note I observed:

Other considerations (lab test results, etc.) include:

My diagnostic impression is:

My plan is:

Other information recorded today for further details.

Faculty Physician Signature \_\_\_\_\_

Type of visit ☐ New or over 3 years ☐ Follow-up (established patient)  
☐ Care ☐ 2nd opinion ☐ Consult ☐ Pre-op ☐ Post-op

Referring Physician \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_

Dr. Rosenberg  
Consultation  
Request ☐ Letter ☐ Phone ☐ Other  
Report ☐ Dictated ☐ Phone ☐ Other  
E-mail \_\_\_\_\_

Current symptoms:  
location  
severity/quality  
duration  
timing  
context  
modified by  
associated signs and  
symptoms  
impact on lifestyle  
Chronology of illness:  
onset and course of  
illness, including  
medical and surgical  
treatment, and by whom  
Last eye exam (when, where,  
by whom?)  
Interval history since last visit  
here

Reason/purpose of visit (symptom, complaint, diagnosis, condition, problem):

Flu Orbital Inflammatory Pseudotumor OD.  
History of Present Illness (summary and history of interval since last visit here):

cc: Patient Reports doing much better  
from OD.

occasional diplopia  
@ times

Prednisone 50mg today.

@moody

Current Ocular Medications:

PFO 10 OD  
H<sub>2</sub>O 1/2 bid OD  
ALphagan bid OD

Review of Systems, Past, Medical, Social History

☐ See today's patient questionnaire. ☐ See Problem List created or updated today.  
☐ No change since history recorded on \_\_\_\_\_ (date) except as recorded below.

Changes since last review and items of particular note:

• Visual Acuity

Distance

without correction with present glasses with pinhole with glare (or lights on)  
OD 20/80-1 → 20/50-2.  
OS 20/40-3

Near

without correction with glasses

Best corrected acuity

OD: 2.50 + 2.75 x 120 → 20/40 (-2) Add: \_\_\_\_\_  
OS: 1.00 + 2.75 x 95 → 20/40 (-1) Add: \_\_\_\_\_

Wearing (How old? \_\_\_\_\_)

OD: \_\_\_\_\_ = \_\_\_\_\_ x \_\_\_\_\_ Add: \_\_\_\_\_  
OS: \_\_\_\_\_ = \_\_\_\_\_ x \_\_\_\_\_ Add: \_\_\_\_\_

• CONFRONTATION FIELDS normal OU

• OCULAR MOTILITY

orthophoria in primary gaze full ductions\*

• ADNEXAE WNL

• PUPILS AND IRIS no APD OU

• IOP OD: 9 OS: 11 Time measured: 9:40 Time used glaucoma meds: \_\_\_\_\_  
☐ Appl ☒ Tonopen ☐ Pneumo ☐ Not done: child trauma possible infectious disease

PUPILS DILATED: Time: \_\_\_\_\_ Meds used: \_\_\_\_\_

ANNE BATES LEACH EYE HOSPITAL  
BASCOM PALMER EYE INSTITUTE  
MIAMI, FLORIDA - PALM BEACH GARDENS, FLORIDA

OCULAR EVALUATION

NAME: MENDES, JOSEPH

MRN: 83-84-94

AGE: 65 DOB: 04/26/38

DATE OF SERVICE: 10/03/03

Stock No. 3511



Rev. 8/01  
MOORE

## ANTERIOR SEGMENT

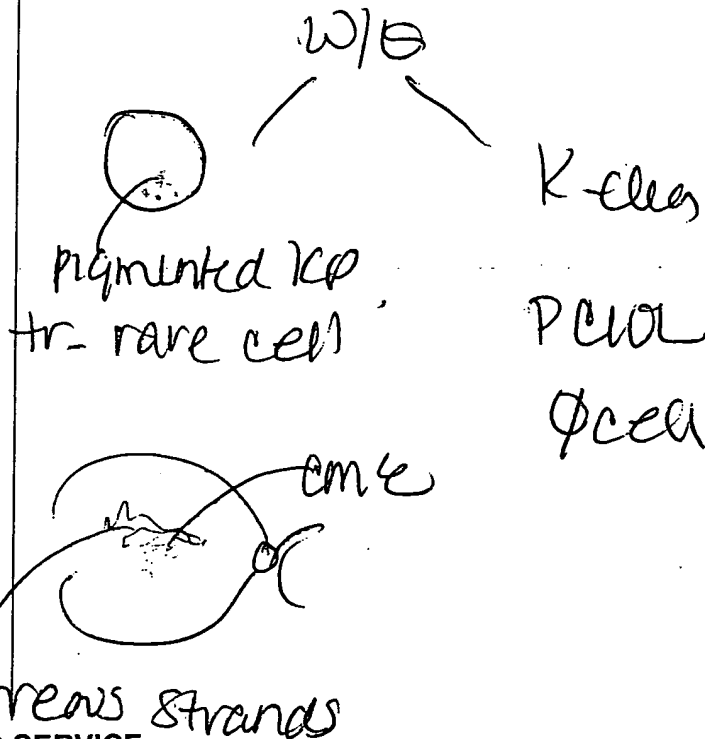
- eyelid margin clean mild scurf MGD  
 puncta good position everted stenosis  
 • conjunctiva white quiet  
 • cornea WNL  
 tear film: WNL dry excessive mucoid purulent  
 epithelium: WNL PEE  
 stroma: WNL thick clear cloudy  
 endothelium: WNL guttata no guttata
- anterior chamber  
 depth deep centrally deep peripherally  
 cells & flare quiet  
 Iris WNL
- lens  
 cortex clear early opacity  
 capsule clear PSC  
 nucleus clear early NS
- gonioscopy open, wide

## POSTERIOR SEGMENT

- Vitreous clear posterior detachment  
 • Optic disc: physiologic no change  
 • Retina:  
 macula WNL drusen  
 vessels WNL narrow  
 periphery WNL lattice

## ADDITIONAL EXAMINATION AND EXTENDED SERVICE

## DIAGRAM ABNORMAL FINDINGS OF NOTE



## DIAGNOSTIC IMPRESSIONS Condition: stable satisfactory improving deteriorating

1. Orbital inflammatory pseudotumor
2. ↓ VA OD (1st noted 9/25/03) - (4) CME.

## MANAGEMENT PLAN

1. Cont PF QID.
  2. Start Voltaren QID.
- Cont 2gan. D/C H<sub>2</sub>O

Schedule next visit for: \_\_\_\_\_

Refract	PKS	Fluor angio
Gonioscopy	Keratometry	Echography
Visual Field	Dilated Fundus Exam	Other: _____

☒ technician ☐ resident ☒ fellow ☐ faculty  
☐ optometrist ☐ optometric trainee ☐ nurse

☐ technician ☒ resident ☐ fellow ☐ faculty  
☐ optometrist ☐ optometric trainee ☐ nurse

Teaching Physician Note: I interviewed and examined the patient. Date: 10-3-07

Briefly, the reason(s) for today's visit and history is:

On examination, of particular note I observed:

Other considerations (lab test results, etc.) include:

My diagnostic impression is:

Care plan is:

I examined this pt. &  
 Dr. Boudry & agree  
 above exam/pln  
 - Cont 2gan  
 - Cont Proliferative type.

See other information recorded today for further details.

Faculty Physician Signature

Type of visit ☐ New or over 3 years ☒ Follow-up (established patient)  
☐ Care ☐ 2nd opinion ☐ Consult ☐ Pre-op ☐ Post-op

### Consultation

Request ☐ Letter ☐ Dictated ☒  
☐ Phone ☐ Phone  
☐ Other ☐ Other

Referring Physician \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_

E-mail \_\_\_\_\_

Current symptoms:  
location  
severity/quality  
duration  
timing  
context  
modified by  
associated signs and  
symptoms  
impact on lifestyle  
Chronology of illness:  
onset and course of  
illness, including  
medical and surgical  
treatment, and by whom  
Last eye exam (when, where,  
by whom?)  
Interval history since last visit  
here

### Reason/purpose of visit (symptom, complaint, diagnosis, condition, problem):

FIV orbital inflammatory pseudo tumor

### History of Present Illness (summary and history of interval since last visit here):

pt states "I feel better"

### Current Ocular Medications:

As per pt { prednisone (taking 11 in an 50mg)  
alprazolam  
hydroxyzine } Bid OD. p. Rosta Qid OD.

### Review of Systems, Past, Medical, Social History

- ☐ See today's patient questionnaire. ☐ See Problem List created or updated today.  
☐ No change since history recorded on \_\_\_\_\_ (date) except as recorded below.

Changes since last review and items of particular note:

### Visual Acuity

### Distance

### Near

	without correction	with present glasses	with pinhole	with glare (or lights on)
OD	20/80-2		20/30	
OS	20/50		20/40	

	without correction	with glasses
OD		
OS		

### Best corrected acuity

OD: \_\_\_\_\_ = \_\_\_\_\_ x \_\_\_\_\_ → \_\_\_\_\_ Add: \_\_\_\_\_ → \_\_\_\_\_  
OS: \_\_\_\_\_ = \_\_\_\_\_ x \_\_\_\_\_ → \_\_\_\_\_ Add: \_\_\_\_\_ → \_\_\_\_\_

### Wearing (How old? \_\_\_\_\_)

OD: \_\_\_\_\_ = \_\_\_\_\_ x \_\_\_\_\_ Add: \_\_\_\_\_  
OS: \_\_\_\_\_ = \_\_\_\_\_ x \_\_\_\_\_ Add: \_\_\_\_\_

• CONFRONTATION FIELDS normal OU

### OCULAR MOTILITY

orthophoria in primary gaze full ductions

• ADNEXAE WNL

• PUPILS AND IRIS no APD OU

• IOP OD: 10 OS: 12 Time measured: 12:30 PM Time used glaucoma meds: \_\_\_\_\_  
☐ Appl ☒ Tonopen ☐ Pneumo ☐ Not done: child trauma possible infectious disease

PUPILS DILATED: Time: \_\_\_\_\_ Meds used: \_\_\_\_\_

ANNE BATES LEACH EYE HOSPITAL  
BASCOM PALMER EYE INSTITUTE  
MIAMI, FLORIDA - PALM BEACH GARDENS, FLORIDA

### OCULAR EVALUATION

NAME: Mendes Joseph  
MRN: 83-84-94  
AGE: 65 DOB: 04/26/38  
DATE OF SERVICE: 09/30/03

Stock No. 3511



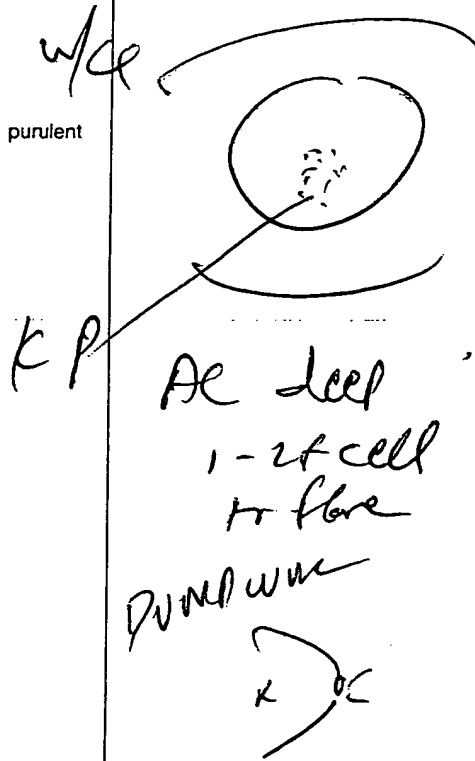
Rev. 8/01  
MOORE



## ANTERIOR SEGMENT

- eyelid margin clean mild scurf MGD
- puncta good position everted stenosis
- conjunctiva white quiet
- cornea WNL
  - tear film: WNL dry excessive mucoid purulent
  - epithelium: WNL PEE
  - stroma: WNL thick clear cloudy
  - endothelium: WNL guttata no guttata
- anterior chamber
  - depth deep centrally deep peripherally
  - cells & flare quiet
- Iris WNL
- lens
  - cortex clear early opacity
  - capsule clear PSC
  - nucleus clear early NS
- gonioscopy open, wide

## DIAGRAM ABNORMAL FINDINGS OF NOTE



## POSTERIOR SEGMENT

- Vitreous clear posterior detachment
- Optic disc: physiologic no change
- Retina:
  - macula WNL drusen
  - vessels WNL narrow
  - periphery WNL lattice

## ADDITIONAL EXAMINATION AND EXTENDED SERVICE

## DIAGNOSTIC IMPRESSIONS Condition: stable satisfactory improving deteriorating

① orbital inflammatory pseudotumor - improving nicely

## MANAGEMENT PLAN

- Continue slow taper every 2 weeks
- Move on to Georgia, to see her in 3 wks for return

50 mg → 40 mg → 30 mg <sup>9/14/10</sup>

Schedule next visit for: \_\_\_\_\_

Refract	PKS	Fluor angio
Gonioscopy	Keratometry	Echography
Visual Field	Dilated Fundus Exam	Other: _____

☐ technician ☐ resident ☐ fellow ☐ faculty  
☐ optometrist ☐ optometric trainee ☐ nurse

☐ technician ☒ resident ☐ fellow ☐ faculty  
☐ optometrist ☐ optometric trainee ☐ nurse

Teaching Physician Note: I interviewed and examined the patient. Date: \_\_\_\_\_

Briefly, the reason(s) for today's visit and history is: \_\_\_\_\_

On examination, of particular note I observed: \_\_\_\_\_

Other considerations (lab test results, etc.) include: \_\_\_\_\_

My diagnostic impression is: \_\_\_\_\_

Care plan is: \_\_\_\_\_

① To go to optometrist in Atlanta if has any trouble on trip

② PE Q20 H 1/4 BLD  
Alpha B20

Type of visit ☐ New or over 3 years ☐ Follow-up (established patient)  
☐ Care ☐ 2nd opinion ☐ Consult ☐ Pre-op ☐ Post-op

Consultation

Request

☐ Letter  
☐ Phone  
☐ Other

Report

☐ Dictated  
☐ Phone  
☐ Other

Referring Physician \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_ E-mail \_\_\_\_\_

Current symptoms:  
location  
severity/quality  
duration  
timing  
context  
modified by  
associated signs and  
symptoms  
impact on lifestyle  
Chronology of illness:  
onset and course of  
illness, including  
medical and surgical  
treatment, and by whom  
Last eye exam (when, where,  
by whom?)  
Interval history since last visit  
here

Reason/purpose of visit (symptom, complaint, diagnosis, condition, problem):

F/U orbital inflammatory pseudotumor O.

History of Present Illness (summary and history of interval since last visit here):

Feeling much better.  
Pt on prednisone 20mg PO tid (starting 9/9/03), ~~was~~ on  
Thursday had ↓ to tid, ran out yesterday. Started PF  
yesterday & marked improvement of symptoms.  
Vision has improved slightly.

Current Ocular Medications:

PF OD Q1<sup>h</sup> OD  
Cesopt OD BID

using  
AS  
Rxt.

Alphagan OD BID - using  
Prednisone 20 mg. PO TID  
Hyoscine OD BID - using

Review of Systems, Past, Medical, Social History

☐ See today's patient questionnaire. ☐ See Problem List created or updated today.  
☐ No change since history recorded on \_\_\_\_\_ (date) except as recorded below.

Changes since last review and items of particular note:

Has not taken Prednisone  
since yesterday.

• Visual Acuity

Distance

Near

without correction with present glasses with pinhole with glare (or lights on)

without correction with glasses

OD 20/80 +1 → 20/50 +2  
OS

Best corrected acuity

Wearing (How old? \_\_\_\_\_)

OD: \_\_\_\_\_ = \_\_\_\_\_ x \_\_\_\_\_ → \_\_\_\_\_ Add: \_\_\_\_\_ → \_\_\_\_\_  
OS: \_\_\_\_\_ = \_\_\_\_\_ x \_\_\_\_\_ → \_\_\_\_\_ Add: \_\_\_\_\_ → \_\_\_\_\_

OD: \_\_\_\_\_ = \_\_\_\_\_ x \_\_\_\_\_ Add: \_\_\_\_\_  
OS: \_\_\_\_\_ = \_\_\_\_\_ x \_\_\_\_\_ Add: \_\_\_\_\_

• CONFRONTATION FIELDS normal OU

• OCULAR MOTILITY

orthophoria in primary gaze full ductions

• ADNEXAE WNL

• PUPILS AND IRIS no APD OU

• IOP OD: 16 OS: \_\_\_\_\_ Time measured: 8:40 AM  
☐ Appl ☒ Tonopen ☐ Pneumo ☐ Not done: child trauma possible infectious disease  
PUPILS DILATED: Time: \_\_\_\_\_ Meds used: \_\_\_\_\_

ANNE BATES LEACH EYE HOSPITAL  
BASCOM PALMER EYE INSTITUTE  
MIAMI, FLORIDA - PALM BEACH GARDENS, FLORIDA

OCULAR EVALUATION

NAME: Mendes Joseph  
MRN: 83-24-94  
AGE: \_\_\_\_\_ DOB: 4/26/38  
DATE OF SERVICE: 09/24/03

Stock No. 3511



Rev. 8/01  
MOORE

**ANTERIOR SEGMENT**

eyelid margin clean mild scurf MGD

puncta good position everted stenosis

• conjunctiva white quiet

• cornea WNL

tear film: WNL dry excessive mucoid purulent

epithelium: WNL PEE

stroma: WNL thick clear cloudy

endothelium: WNL guttata no guttata

• anterior chamber

depth deep centrally deep peripherally

cells &amp; flare quiet

Iris WNL

• lens

cortex clear early opacity

capsule clear PSC

nucleus clear early NS

gonioscopy open, wide

**POSTERIOR SEGMENT**

Vitreous clear posterior detachment

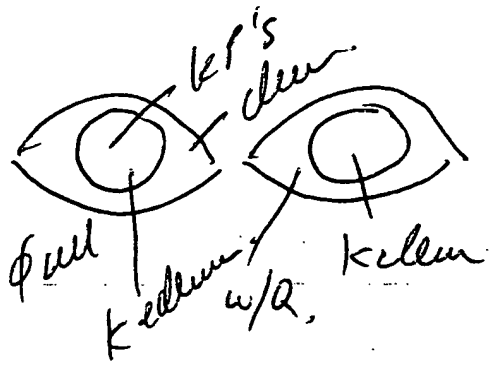
• Optic disc: physiologic no change

• Retina:

macula WNL drusen

vessels WNL narrow

periphery WNL lattice

**DIAGRAM ABNORMAL FINDINGS OF NOTE****ADDITIONAL EXAMINATION AND EXTENDED SERVICE****DIAGNOSTIC IMPRESSIONS** Condition: stable satisfactory improving deteriorating

*inflammatory pseudotumor -*

**MANAGEMENT PLAN**

*sc. plan to same -*  
*↓ Pred 50 qd (slow taper)*

*PE QID*

*HC coapt*  
*nt 28an*

☐ technician ☐ resident ☐ fellow ☐ faculty  
☐ optometrist ☐ optometric trainee ☐ nurse

Schedule next visit for: *Mon*

Refract

PKS

Fluor angio

Gonioscopy

Keratometry

Echography

Visual Field

Dilated Fundus Exam

Other: \_\_\_\_\_

*Murbacon*

☐ technician ☐ resident ☐ fellow ☐ faculty

☐ optometrist ☐ optometric trainee ☒ nurse

**Teaching Physician Note:** I interviewed and examined the patient. Date: \_\_\_\_\_

Briefly, the reason(s) for today's visit and history is:

On examination, of particular note I observed:

Other considerations (lab test results, etc.) include:

My diagnostic impression is:

Care plan is:

See other information recorded today for further details. Faculty Physician Signature \_\_\_\_\_

Time of arrival 8:30 Am Means of arrival Ambulatory

(2)

Referring Physician \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_ E-mail: \_\_\_\_\_

Current symptoms:  
location  
severity/quality  
duration  
timing  
context  
modified by  
associated signs and  
symptoms  
impact on lifestyle  
Chronology of illness:  
onset and course of  
illness, including  
medical and surgical  
treatment, and by whom  
Last eye exam (when, where,  
by whom?)  
Interval history since last visit  
here:

Reason/purpose of visit (symptom, complaint, diagnosis, condition, problem):  
C/O foggy vision OD x a few days.  
History of Present Illness (summary and history of interval since last visit here):  
Pain last night, burning today  
similar to previous  
VA OD x 5-7 days - film over OD  
hasn't slept x 2 weeks  
some diplopia - ~~not~~ unchanged

10/3/03 - Pen Rosenberg  
9/18/03 - NOS FLU  
9/12/03 - mg. care

Current Ocular Medications:

Prednisone 20mg PO BID - last dose AM (total ~ 2 weeks)  
Motrin Nexium

Medications Given in E.R.:

Acqua Trusoft } OD @ 10:00 A  
Timolol Valium

• Mental Status ☒ alert ☒ oriented ☐ drowsy ☐ disoriented

• Visual Acuity Distance

	without correction	with present glasses	with pinhole	with glare (or lights on)
OD	20/100		NO↑	
OS	20/50+		NO↑	

Near

without correction	with glasses
--------------------	--------------

Vital Signs

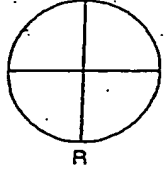
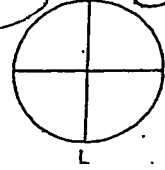
BP 155/98  
P 80  
R 18  
T 98.4  
Pain 8 @ 8:40  
ADNEXAE WNL

• PUPILS

5mm → 4mm  
2mm → 1mm

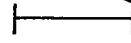
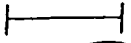
• Confrontation fields

normal OS OS OS abnormal OD OS OD



• OCULAR MOTILITY

orthophoria in primary gaze full ductions



• IOP

OD: 37.42 OS: 13 Time measured: 8:33 A

☐ Appl ☒ Tonopen ☐ Pneumo ☐ Not done:

PUPILS DILATED: Time: \_\_\_\_\_ Meds used: \_\_\_\_\_

IOP p. 4th @ 12 PM = 23

ANNE BATES LEACH EYE HOSPITAL  
BASCOM PALMER EYE INSTITUTE  
MIAMI, FLORIDA - PALM BEACH GARDENS, FLORIDA

EMERGENCY OCULAR EVALUATION

NAME: MENDES, JOSEPH  
MRN#: 838494 IDX#: 8588953  
AGE: 65 DOB: 04/26/1938  
Date of Service: 09/25/2003

Stock No. 9188



Rev. 1/03  
MOORE  
Page 1 of 2

DATE OF SERVICE: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

## ANTERIOR SEGMENT

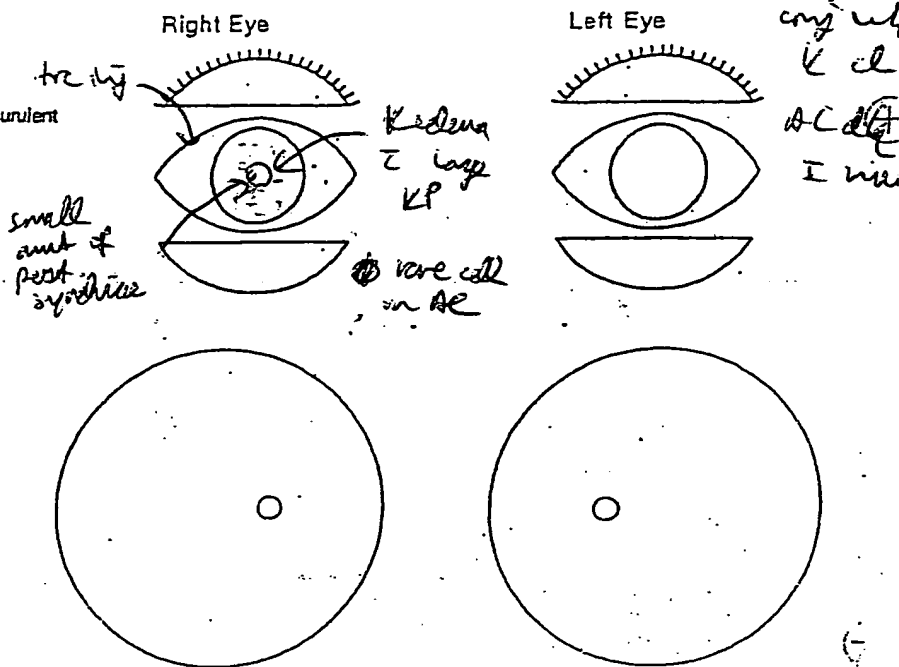
- eyelid margin clean mild scurf MGD  
 puncta good position everted stenosis  
 • conjunctiva white quiet  
 • cornea WNL  
 tear film: WNL dry excessive mucoid purulent  
 epithelium: WNL PEE  
 stroma: WNL thick clear cloudy  
 endothelium: WNL guttata no guttata  
 • anterior chamber  
 depth deep centrally deep peripherally  
 cells & flare quiet  
 Iris WNL  
 • lens  
 cortex clear early opacity  
 capsule clear PSC  
 nucleus clear early NS  
 gonioscopy open, wide

## POSTERIOR SEGMENT

- Vitreous clear posterior detachment  
 • Optic disc: physiologic no change  
 • Retina:  
 macula WNL drusen  
 vessels WNL narrow  
 periphery WNL lattice

## ADDITIONAL EXAMINATION/TEST

## DIAGRAM ABNORMAL FINDINGS OF NOTE



## DIAGNOSTIC IMPRESSIONS

- 1) orbital inflammatory pseudotumor OD - much improved  
 2) likely inflammatory glaucoma OD - pt recently ↓ dose of steroids;  
 possible steroid response as well

## MANAGEMENT PLAN

- 1) start PF QID, Myxoline  
 2) start Ciprof/Alphagan  
 3) cont. meloxicam PO

- ☐ technician ☐ resident ☐ fellow ☐ faculty  
☐ optometrist ☐ optometric trainee ☐ nurse

*Henry Macarowski*

- ☐ technician ☐ resident ☐ fellow ☐ faculty  
☐ optometrist ☐ optometric trainee ☐ nurse

## SEVERITY

- minor moderate  
 self-limited urgent significant threat  
 low immediate significant threat

Time of discharge \_\_\_\_\_ Date \_\_\_\_\_

## Final disposition and condition

- ☐ Discharged stable. Follow-up plan *etc. tomorrow*  
☐ Transfer to \_\_\_\_\_  
☐ Emergency admission to observe  
 for \_\_\_\_\_  
☐ Voluntary withdrawal from further evaluation and treatment  
☐ Instructions given to patient

ANNE BATES LEACH EYE HOSPITAL  
 BASCOM PALMER EYE INSTITUTE  
 MIAMI, FLORIDA - PALM BEACH GARDENS, FLORIDA

## EMERGENCY OCULAR EVALUATION

NAME: MENDES, JOSEPH

MRN#: 838494 IDX#: 8532963

AGE: 65 DOB: 04/26/1938

Date of Service: 09/25/2003

AGE: \_\_\_\_\_ DOB: \_\_\_\_\_

DATE OF SERVICE: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Stock No. 9188



Rev. 1/03  
 MOORE  
 Page 2 of 2

Bascom Palmer Eye Institute/Anne Bates Leach Eye Hospital  
 900 NW 17<sup>th</sup> Street  
 Miami, FL 33136  
 305-326-6000 or 800-329-7000, Extension \_\_\_\_\_  
 (FAX) 305-326-6374 [WWW.BPEI.MED.MIAMI.EDU](http://WWW.BPEI.MED.MIAMI.EDU)

History:

To: (Insert name and address below)	
Phone:	Fax:

Findings:

Diagnosis: *inflammatory glaucoma*  
*orbital inflammatory pseudotumor*

Plan / Instructions:

May go back to work/school on \_\_\_\_\_ Restrictions: ☐ None ☐ Light work ☐ Safety glasses  
 Physical Education: ☐ may take ☐ limited ☐ may not take

Medication Medicación	Eye(s) / Ojo(s)			By mouth Oralmente	Frequency Frecuencia	Duration Duración
	Right Derecho	Left Izquierdo	Both Ambos			
<i>Acet Forte</i>	✓				<i>every hour</i>	
<i>Hyosine</i>	✓				<i>2x/day</i>	
<i>Cosopt</i>	✓				<i>"</i>	
<i>Alphagan</i>	✓				<i>"</i>	
<i>prednisone 20mg</i>				✓	<i>3x/day</i>	

Physician Name *Moraczewski* Nurse Signature \_\_\_\_\_  
*Greulich*  
 Physician Signature *Roth* Patient Signature \_\_\_\_\_  
*Aleng*

**ANNE BATES LEACH EYE HOSPITAL**  
**BASCOM PALMER EYE INSTITUTE**  
**MIAMI, FLORIDA - PALM BEACH GARDENS, FLORID**

## REPORT/PATIENT INSTRUCTIONS

NAME: MENDES, JOSEPH  
 MRN#: 838494 ID#: 8528963  
 AGE: 65 DOB: 04/26/1938  
 Date of Service: 09/25/2003

Stock No. 3755



Rev.  
05/00

DATE OF SERVICE: \_\_\_\_/\_\_\_\_/\_\_\_\_

MEDICAL RECORDS COPY



# PATIENT REFERRAL AUTHORIZATION

HU-903 4/01

Mendes, Joseph  
83-84-94

## CLAIMS OFFICE:

Humana Inc.  
South Florida  
Referral Entry Unit  
76 South Laura Street  
Jacksonville, FL 32202

Fax To: 1-800-266-3022

Payment for referred services is subject to member benefit limitations and contract exclusions, and dependent upon the member's eligibility at the time of service.  
**This referral is not a guarantee of payment.**

TO BE COMPLETED BY PRIMARY CARE PHYSICIAN (PCP), EXCEPT AS NOTED (Please Print)

Center Number 107138A	Referral Authorization Number 515762
Other Healthcare Coverage? <input type="checkbox"/> YES <input type="checkbox"/> NO	
If YES, Carrier Name _____	

Subscriber I.D. No. 030260305 ☐ Patient Name Mendes Joseph  
9-Digit Number Suffix Last Name First Name

Patient's Relationship to Subscriber ☒ SELF(Subscriber) ☐ SPOUSE ☐ DEPENDENT CHILD

Date of Birth 4/26/38 Group No. 90991134 Phone No. (Work/Home) (305) 2479442  
5-Digit Number

PCP No. 592139108 ☐ PCP Name M. M. Barakat, M.D.  
9-Digit Number Suffix

Provider No. 590624458A ☐ Referred-To Provider Name Bascom Palmer  
9-Digit Number Suffix

Referred-To Provider: Phone No. \_\_\_\_\_ Address \_\_\_\_\_

Outpatient Facility \_\_\_\_\_

Diagnosis Eye pain ICD-9 Code 379.91

Clinical Summary \_\_\_\_\_

## DOCUMENT REFERRED-TO PROVIDER'S REPORT/FINDINGS ON REVERSE

To avoid duplication, the following records are available through my office:

☐ X-Rays ☐ Lab Reports ☐ Case Summary

## SERVICES AUTHORIZED

- ☐ Evaluation Only ☒ Evaluation with Treatment  
☒ Diagnostic Testing ☐ Home Health Care/Hospice  
☐ Outpatient Surgery ☐ Therapy Services (PT/OT/RT, Chemo, Dialysis, etc)  
☐ Total OB Care ☐ Ambulance  
☐ ER/Urgent Care ☐ Durable Medical Equipment (List name and number of pieces in Clinical Summary)

Number Visits  
2  
Number Services  
1

Appointment Date 9/24/03

Valid for: ☐ 30 Days ☐ 45 Days ☒ 90 Days  
☐ One Year (If Total OB Care)

or Specific Expiration Date 1/1  
(Duration of referral begins with the date this authorization is signed by PCP)

This referral is valid only for the specified period and providing subscriber maintains coverage.

PCP Signature M. M. Barakat Date 9/23/03

BPH 83-84-94

Type of visit ☐ New or over 3 years ☒ Follow-up (established patient)  
☐ Care ☐ 2nd opinion ☐ Consult ☐ Pre-op ☐ Post-op

### Consultation

#### Request

☐ Letter  
☐ Phone  
☐ Other

#### Report

☐ Dictated  
☐ Phone  
☐ Other

Referring Physician \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

E-mail \_\_\_\_\_

#### Current symptoms:

location  
severity/quality  
duration  
timing  
context  
modified by  
associated signs and  
symptoms  
impact on lifestyle

#### Chronology of illness:

onset and course of  
illness, including  
medical and surgical  
treatment, and by whom

Last eye exam (when, where,  
by whom?)

Interval history since last visit  
here

#### Reason/purpose of visit (symptom, complaint, diagnosis, condition, problem):

I (u: ~~Scleritis~~ - OD) obs. CI per chart

#### History of Present Illness (summary and history of interval since last visit here):

only slight pain - tolerable

Feels much better of pain & 3x

only minor side effects

#### Current Ocular Medications:

Prednisone - qd - PO  
7.9H

#### Review of Systems, Past, Medical, Social History

- ☐ See today's patient questionnaire. ☐ See Problem List created or updated today.  
☐ No change since history recorded on \_\_\_\_\_ (date) except as recorded below.

Changes since last review and items of particular note:

#### Visual Acuity

#### Distance

#### Near

without correction with present glasses with pinhole with glare (or lights on)

without correction with glasses

OD 20/30

OS

#### Best corrected acuity

#### Wearing (How old? \_\_\_\_\_)

OD: \_\_\_\_\_ = \_\_\_\_\_ x \_\_\_\_\_ → \_\_\_\_\_ Add: \_\_\_\_\_ → \_\_\_\_\_

OD: \_\_\_\_\_ = \_\_\_\_\_ x \_\_\_\_\_ Add: \_\_\_\_\_

OS: \_\_\_\_\_ = \_\_\_\_\_ x \_\_\_\_\_ → \_\_\_\_\_ Add: \_\_\_\_\_ → \_\_\_\_\_

OS: \_\_\_\_\_ = \_\_\_\_\_ x \_\_\_\_\_ Add: \_\_\_\_\_

#### CONFRONTATION FIELDS normal OU

#### OCULAR MOTILITY

orthophoria in primary gaze full ductions

#### ADNEXAE WNL

#### PUPILS AND IRIS no APD OU

IOP OD: 10 OS: 18 Time measured: 4pm Time used glaucoma meds: \_\_\_\_\_  
☐ Appl ☒ Tonopen ☐ Pneumo ☐ Not done: child trauma possible infectious disease

PUPILS DILATED: Time: \_\_\_\_\_ Meds used: \_\_\_\_\_

ANNE BATES LEACH EYE HOSPITAL  
BASCOM PALMER EYE INSTITUTE  
MIAMI, FLORIDA - PALM BEACH GARDENS, FLORIDA

### OCULAR EVALUATION

NAME: MENDES, JOSEPH

MRN: 83-84-94

AGE: 65 DOB: 04/26/38

DATE OF SERVICE: 09/12/03

ack No. 3511



Rev. 8/01  
MOORE

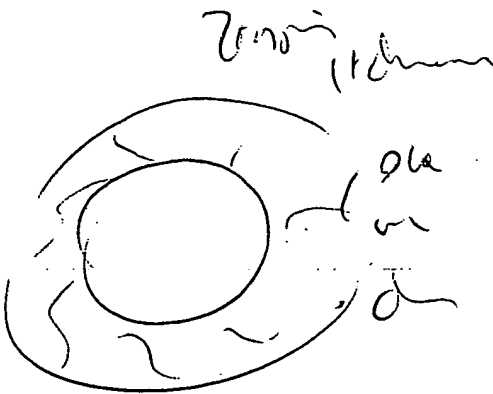


**ANTERIOR SEGMENT**

- eyelid margin clean mild scurf MGD  
 puncta good position everted stenosis  
 • conjunctiva white quiet  
 • cornea WNL  
   tear film: WNL dry excessive mucoid purulent  
   epithelium: WNL PEE  
   stroma: WNL thick clear cloudy  
   endothelium: WNL guttata no guttata
- anterior chamber  
   depth deep centrally deep peripherally  
   cells & flare quiet
- Iris WNL
- lens  
   cortex clear early opacity  
   capsule clear PSC  
   nucleus clear early NS
- gonioscopy open, wide

**POSTERIOR SEGMENT**

- Vitreous clear posterior detachment
- Optic disc: physiologic no change
- Retina:  
   macula WNL drusen  
   vessels WNL narrow  
   periphery WNL lattice

**DIAGRAM ABNORMAL FINDINGS OF NOTE****ADDITIONAL EXAMINATION AND EXTENDED SERVICE**

**DIAGNOSTIC IMPRESSIONS** Condition: stable satisfactory improving deteriorating

1) Orbital pseudotumor - OS - asymptomatic

**MANAGEMENT PLAN**

1) Topical prednisone over 2ms  
 2) wait GE procedure

Schedule next visit for: 1wk

Refract ☒ PRS Fluor angio  
 Gonioscopy ☒ Keratometry Echography  
 Visual Field ☒ Dilated Fundus Exam Other: \_\_\_\_\_

☒ technician ☐ resident ☐ fellow ☐ faculty  
☐ optometrist ☒ optometric trainee ☐ nurse

☒ technician ☐ resident ☐ fellow ☒ faculty  
☐ optometrist ☐ optometric trainee ☐ nurse

**Teaching Physician Note:** I interviewed and examined the patient. Date: \_\_\_\_\_  
 Briefly, the reason(s) for today's visit and history is:

On examination, of particular note I observed:

Other considerations (lab test results, etc.) include:

My diagnostic impression is:

care plan is:

See other information recorded today for further details. Faculty Physician Signature \_\_\_\_\_

NAME: MENDES, JOSEPH

ECHO #: 3-2559

REF: Krista Rosenberg, M.D.

BPEI#: 838494

DATE OF EXAM: Tuesday, September 09, 2003

ECHOGRAPHER: F. Ehliès

### INDICATION FOR EXAMINATION

OD: Sixty five year old man with a painful red eye and fourth nerve palsy. CT showed prominent extraocular muscles. Evaluate muscles. Rule out thyroid eye disease versus pseudotumour versus scleritis.

### ECHOGRAPHIC EXAMINATION

OU: Contact B-scan and diagnostic A-scan exams were performed.

There is no evidence of posterior scleritis. There is mild, diffuse fundus thickening in the right eye, when compared with the left. No mass lesion is detected within the orbital soft tissues. All of the extraocular muscles in the right orbit are enlarged and low reflective compared to the contralateral muscles. The right retrobulbar optic nerve is enlarged with a positive 30 degree test. The left retrobulbar optic nerve is within normal limits.

Muscle Table  
in mm

	<u>SR/LC</u>	<u>LR</u>	<u>IR</u>	<u>MR</u>	<u>TOTAL</u>	<u>ON</u>
<u>OD</u>	7.80	3.90	5.50	4.00	21.20	0.00
<u>OS</u>	6.30	3.00	3.10	3.60	16.00	0.00

Optic Nerve Table  
in mm

	<u>OD</u>	<u>30 degree</u>	<u>OS</u>	<u>30 Degree</u>
<u>ANTERIOR</u>	4.30	3.50	3.10	_____
<u>POSTERIOR</u>	4.10	3.40	2.90	_____

### IMPRESSION

1. No evidence of posterior scleritis.
2. Echograms are most consistent with idiopathic orbital inflammatory disease of the right orbit.

F. Ehliès

Diagnostic Echographer

DICTATED BY

F. Ehliès

Timothy Murray, M.D.  
Associate Professor

### FINAL INTERPRETATION

Note: My signature above affirms that I, Timothy G. Murray, M.D. have personally viewed the images and, upon review, either agreed with or edited the interpretation and the report.

32999 EOM;ON;CHT

☒ Medically necessary    ☐ Teaching    ☐ Study \_\_\_\_\_ ☐ Today    ☒ Follow Up 9/10  
 (date)

☒ Diagnostic B Scan    ☐ OD (922855, 76512, 76512-26, 0266)    ☐ OS (922857, 76512, 76512-26, 0266)    ☒ OU (922853, 76512, 76512-26, 0266)

☒ Diagnostic A Scan    ☐ OD (922875, 76511, 76511-26, 0266)    ☐ OS (922877, 76511, 76511-26, 0266)    ☒ OU (922873, 76511, 76511-26, 0266)

☐ Diagnostic Hi Res B Scan    ☐ OD (922750, 76513, 76513-26, 0265)    ☐ OS (922752, 76513, 76513-26, 0265)    ☐ OU (922755, 76513, 76513-26, 0265)

☐ Ultrasonic FB Localization    ☐ OD (923001, 76529, 76529-26, 0265)    ☐ OS (923002, 76529, 76529-26, 0265)    ☐ OU (923003, 76529, 76529-26, 0265)

☐ Radiation Plaque Placement    ☐ OD (923332, 76950, 76950-26, 0268)    ☐ OS (923333, 76950, 76950-26, 0268)    ☐ OU (923334, 76950, 76950-26, 0268)

☐ Biometric A Scan without IOL calculations    ☐ OD    ☐ OS    ☐ OU (924130, 76516, 76516-26, 0266)

Is this a follow-up visit? Y \_\_\_\_\_ N \_\_\_\_\_ After exam patient should go to: \_\_\_\_\_

VA: OD 20/25 OS \_\_\_\_\_ IOP: OD \_\_\_\_\_ OS \_\_\_\_\_ CT or MRI performed? ☒ Yes ☐ No

History and specific questions: 65 yo painful red eye - a CN IV palsy

Diagnosis must be specified for each exam requested

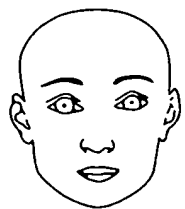
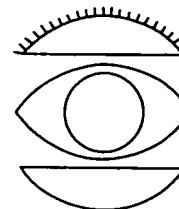
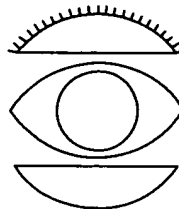
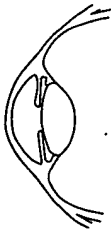
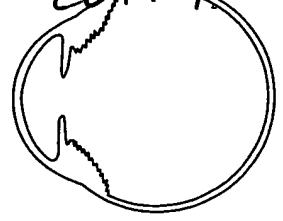
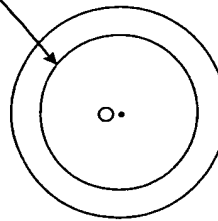
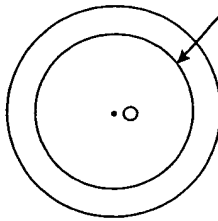
#### DIAGNOSIS / REASON FOR TEST

- ☐ Malignant neoplasm of choroid (190.6)  
☐ Benign neoplasm of choroid (224.6)  
☐ Neoplasm of uncertain behavior - eye (238.8)  
☐ Endophthalmitis acute (360.01)  
☐ Retinal detachment, unspecified (361.9)  
☐ Choroidal hemorrhage (363.61)  
☐ Cataract, total or mature (366.17)  
☐ Corneal opacity, unspecified (371.00)  
☐ Exophthalmos unspecified (376.30)  
☐ Papilledema, unspecified (377.00)  
☐ Optic atrophy, unspecified (377.10)  
☒ Posterior scleritis (379.07)  
☐ Vitreous hemorrhage (379.23)  
☐ Vitreous opacities (379.24)  
☐ Open wound of eyeball, unspecified (871.9)  
☐ Contusion of eyeball (921.3)

RE

Equator

LE



Other: \_\_\_\_\_

Ordering Physician's Signature: \_\_\_\_\_ Date: 9/9/03 ABN: ☐ Not Required ☐ Obtained

AUTHORIZATION REQUEST ☐ Yes \_\_\_\_\_ (authorization #) ☐ Denied: \_\_\_\_\_ (reason) ☐ Not Required

#### ECHOGRAPHER'S COMMENTS

Date of Test \_\_\_\_\_

☐ Physician Interpretation done

Date \_\_\_\_\_

Report Prepared by: (Signature) \_\_\_\_\_ Date: \_\_\_\_\_

Signature \_\_\_\_\_

**ANNE BATES LEACH EYE HOSPITAL**  
**BASCOM PALMER EYE/INSTITUTE**  
**MIAMI, FLORIDA - PALM BEACH GARDENS, FLORIDA**

#### ECHOGRAPHY

NAME: Mendes, Joseph

MRN: 838494

AGE: \_\_\_\_\_ DOB: \_\_\_\_\_

DATE OF SERVICE: 9/9/03



Type of visit ☐ New or over 3 years ☐ Follow-up (established patient)  
☐ Care ☐ 2nd opinion ☐ Consult ☐ Pre-op ☐ Post-op

### Consultation

Request ☐ Letter ☐ Dictated  
☐ Phone ☐ Phone  
☐ Other ☐ Other

Referring Physician \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_

E-mail \_\_\_\_\_

Current symptoms:  
location  
severity/quality  
duration  
timing  
context  
modified by  
associated signs and  
symptoms  
impact on lifestyle  
Chronology of illness:  
onset and course of  
illness, including  
medical and surgical  
treatment, and by whom  
Last eye exam (when, where,  
by whom?)  
Interval history since last visit  
here

### Reason/purpose of visit (symptom, complaint, diagnosis, condition, problem):

pos. scleritis O.D.

### History of Present Illness (summary and history of interval since last visit here):

sl better VA pain = 5 @ photophobia

QDM  
QHTN

φ audible bruit

### Current Ocular Medications:

Ibuprofen 400mg QID  
Regimen 10mg QID

\* 3 doses → some improvement.

diplopia 3-4d.

### Review of Systems, Past, Medical, Social History

- ☐ See today's patient questionnaire. ☐ See Problem List created or updated today.  
☐ No change since history recorded on \_\_\_\_\_ (date) except as recorded below.

Changes since last review and items of particular note:

### Visual Acuity

### Distance

### Near

without correction	with present glasses	with pinhole	with glare (or lights on)	without correction	with glasses
--------------------	----------------------	--------------	---------------------------	--------------------	--------------

OD 20/25-3

OS

### Best corrected acuity

OD: \_\_\_\_\_ = \_\_\_\_\_ x \_\_\_\_\_ → \_\_\_\_\_ Add: \_\_\_\_\_ → \_\_\_\_\_  
OS: \_\_\_\_\_ = \_\_\_\_\_ x \_\_\_\_\_ → \_\_\_\_\_ Add: \_\_\_\_\_ → \_\_\_\_\_

• CONFRONTATION FIELDS normal OU

### OCULAR MOTILITY

orthophoria in primary gaze full ductions

• ADNEXAE WNL

• PUPILS AND IRIS no APD OU

• IOP OD: 18 OS: \_\_\_\_\_ Time measured: 10:55 AM Time used glaucoma meds: \_\_\_\_\_  
☐ Appl ☒ Tonopen ☐ Pneumo ☐ Not done: child trauma possible infectious disease

PUPILS DILATED: Time: \_\_\_\_\_ Meds used: \_\_\_\_\_

ANNE BATES LEACH EYE HOSPITAL  
BASCOM PALMER EYE INSTITUTE  
MIAMI, FLORIDA - PALM BEACH GARDENS, FLORIDA

### OCULAR EVALUATION

NAME: MENDES, JOSEPH

MRN: 83-84-94

AGE: 65 DOB: 04/26/38

DATE OF SERVICE: 09/09/03



## ANTERIOR SEGMENT

- eyelid margin clean mild scurf MGD
- puncta good position everted stenosis
- conjunctiva white quiet
- cornea WNL
  - tear film: WNL dry excessive mucoid purulent
  - epithelium: WNL PEE
  - stroma: WNL thick clear cloudy
  - endothelium: WNL guttata no guttata
- anterior chamber
  - depth deep centrally deep peripherally
  - cells & flare quiet
- Iris WNL
- lens
  - cortex clear early opacity
  - capsule clear PSC
  - nucleus clear early NS
- gonioscopy open, wide

## POSTERIOR SEGMENT

- Vitreous clear posterior detachment
- Optic disc: physiological no change
- Retina:
  - macula WNL drusen
  - vessels WNL narrow
  - periphery WNL lattice

## ADDITIONAL EXAMINATION AND EXTENDED SERVICE

↑ 10.9 13.8 257 132/99/17  
 17/14 38.6 3.7/23/1.1

DIAGNOSTIC IMPRESSIONS Condition: stable satisfactory improving deteriorating

1. Red Painful Eye. → most consistent w/ orbital inflam pseu
2. CN IV palsy - φ DM/HTN

## MANAGEMENT PLAN

1. Prednisone 1mg/kg/day, = 82 kg.
2. Cont Nexium.

Schedule next visit for: \_\_\_\_\_

Refract	PKS	Fluor angio
Gonioscopy	Keratometry	Echography
Visual Field	Dilated Fundus Exam	Other: _____

☐ technician ☒ resident ☐ fellow ☐ faculty  
☐ optometrist ☐ optometric trainee ☐ nurse

☐ technician ☐ resident ☐ fellow ☐ faculty  
☐ optometrist ☐ optometric trainee ☐ nurse

Teaching Physician Note: I interviewed and examined the patient. Date: \_\_\_\_\_  
 Briefly, the reason(s) for today's visit and history is:

On examination, of particular note I observed:

φ TB exp φ cough φ night sweat  
 φ fever φ wt loss

Other considerations (lab test results, etc.) include:

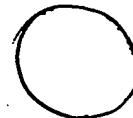
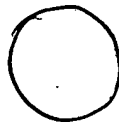
My diagnostic impression is:

Care plan is:

See other information recorded today for further details. Faculty Physician Signature \_\_\_\_\_

## DIAGRAM ABNORMAL FINDINGS OF NOTE

⊕ tender  
 +2 Ilyx



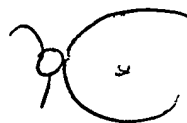
K-clear

NO cell

+2 NS

PCOL

⊙ sharp good color ⊙



except IV.  
 CN II-XII intact

mild ↓ (25%)

K sensate

OD

(25%)

K sensate

OD

OD

OD

OD

OD

OD

OD

OD

OD

OD

OD

OD

OD

OD

OD

OD

OD

OD

OD

OD

OD

OD

OD

OD

OD

Bascom Palmer Eye Institute/Anne Bates Leach Eye Hospital  
900 NW 17<sup>th</sup> Street  
Miami, FL 33136  
305-326-6000 or 800-329-7000, Extension \_\_\_\_\_  
(FAX) 305-326-6374 [WWW.BPEI.MED.MIAMI.EDU](http://WWW.BPEI.MED.MIAMI.EDU)

History:

To: (Insert name and address below)	
Phone:	Fax:

Findings:

Diagnosis: possible scleritis

Plan / Instructions:

Eye Safety Sheet given Roum  
return to BPEI ER with copy of CT scan and labwork

May go back to work/school on \_\_\_\_\_ Restrictions: ☐ None ☐ Light work ☐ Safety glasses

Physical Education: ☐ may take ☐ limited ☐ may not take

Medication Medicación	Eye(s) / Ojo(s)			By mouth Oralmente	Frequency Frecuencia	Duration Duración
	Right Derecho	Left Izquierdo	Both Ambos			
<u>Ibuprofen (Motrin) 800mg</u>				<input checked="" type="checkbox"/>	<u>3x/day</u>	
<u>Rxlan 10mg</u>				<input checked="" type="checkbox"/>	<u>4x/day</u>	

Physician Name Morawski

Nurse Signature \_\_\_\_\_

Physician Signature [Signature]

Patient Signature \_\_\_\_\_

**ANNE BATES LEACH EYE HOSPITAL**  
**BASCOM PALMER EYE INSTITUTE**  
**MIAMI, FLORIDA - PALM BEACH GARDENS, FLORIDA**

### REPORT/PATIENT INSTRUCTIONS

NAME: MENDES - JOSEPH  
MRN: 83-84-94  
AGE: \_\_\_\_\_ DOB: 4.26.38  
DATE OF SERVICE: 9.8.03

Stock No. 3755



Rev.  
05/00

MEDICAL RECORDS COPY

ANTI-FORGE

SHEETS REVEAL VOID WHEN

COPIED



MEDEYE ASSOCIATES

SURGERY AND DISEASES OF THE EYE

19289 S.W. 152nd Street  
Suite 101  
Miami, FL 33157

3950 Sunset Drive

Miami, FL 33143

Telephone: (305) 661-6586

Fax: (305) 681-6493

163 N.W. 11th Street

Holmesdale, FL 33030

Telephone: (786) 243-8561

Fax: (786) 243-8120

PATIENT'S NAME: Joseph M. Miller AGE: 71

ADDRESS: Box 210 Senderator CITY: Thyroid Care STATE: FL DATE: 11/13/01

☐ Refill

☐ No Refill

Valid For Controlled Substances

JAMES SEGAM, MD, FACS

ANN E. BALLAN, MD

CHARLES J. KAISER, MD

OB5082002001

DAVID H. SIMS, MD

EUGENE JOCEM, MD, FACS

JANIS OZELKANSKY, MD

[TAMPER-PROOF - SPECIAL BLUE FANTOGRAPH PRINTED PAPER]

Time of arrival \_\_\_\_\_ Means of arrival Walking

2

Referring Physician \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

E-mail: \_\_\_\_\_

Current symptoms:  
location  
severity/quality  
duration  
timing  
context  
modified by  
associated signs and  
symptoms  
impact on lifestyle  
Chronology of illness:  
onset and course of  
illness, including  
medical and surgical  
treatment, and by whom  
Last eye exam (when, where,  
by whom?)  
Interval history since last visit  
here

Reason/purpose of visit (symptom, complaint, diagnosis, condition, problem):

Pain OD x 3 days

History of Present Illness (summary and history of interval since last visit here):

Seen at Homestead Hosp ER + ophthal  
Today -> R/O TED Pseudotumor  
states Vomiting for past few days, last  
2 15min Ago  
S/P: CETOX OS - 200 Miami

meds for past few days  
Lasik - on Venezuela

- Tequin 400mg  
- Toradol 10mg  
- RYNATAN

Current Ocular Medications:

Bleph-10 - QID - 04

pain OD shp (pressure/needles  
behind eye 4 days, constant

Medications Given in E.R.:

occasional diplopia, restricted ROM OD  
fever but A's / heart stable.

• Mental Status ☒ alert ☒ oriented ☐ drowsy ☐ disoriented

• Visual Acuity Distance

	without correction	with present glasses	with pinhole	with glare (or lights on)
OD	20/40		20/25	
OS	20/60		20/50	

Near  
without correction with glasses

Vital Signs  
BP 137/77  
P 64  
R 20  
T 98  
Pain 12

5pm

• PUPILS

• Confrontation fields

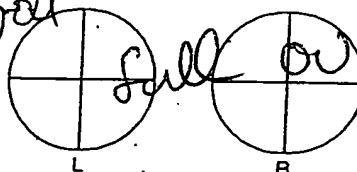
• ADNEXAE WNL

7.0mm Dilated ~ 2pm today

DR J. Deliz KAINS

• OCULAR MOTILITY

orthophoria in primary gaze full ductions



• IOP OD: 16 OS: 12 Time measured: 6:45 pm

☒ Appl ☐ Tonopen ☐ Pneumo ☐ Not done

PUPILS DILATED: Time: 6:45 Meds used: Mydri-Phen

ANNE BATES LEACH EYE HOSPITAL  
BASCOM PALMER EYE INSTITUTE  
MIAMI, FLORIDA - PALM BEACH GARDENS, FLORIDA

EMERGENCY OCULAR EVALUATION

NAME: Mendes Joe Joseph

MRN: 83-84-94

AGE: \_\_\_\_\_ DOB: 4.26.38

DATE OF SERVICE: 9.8.03

Stock No. 9188



Rev. 1/03  
MOORE  
Page 1 of 2



ANTERIOR SEGMENT

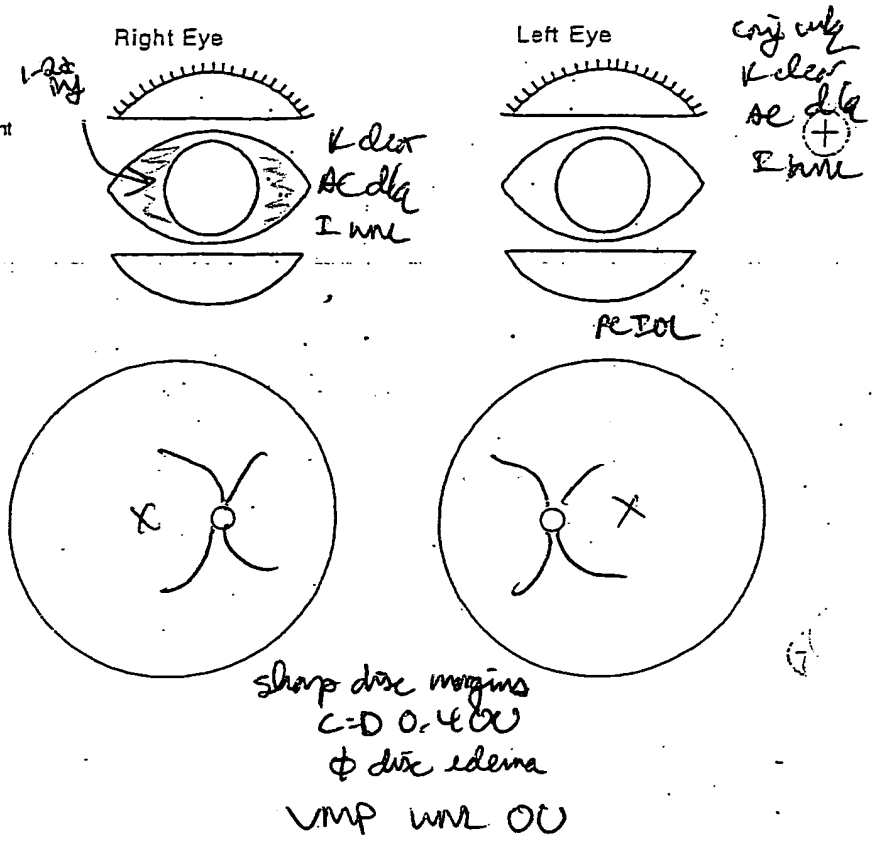
- eyelid margin clean mild scurf MGD
- puncta good position everted stenosis
- conjunctiva white quiet
- cornea WNL
- tear film: WNL dry excessive mucoid purulent
- epithelium: WNL PEE
- stroma: WNL thick clear cloudy
- endothelium: WNL guttata no guttata
- anterior chamber
- depth deep centrally deep peripherally
- cells & flare quiet
- iris WNL
- lens
- cortex clear early opacity
- capsule clear PSC
- nucleus clear early NS
- gonioscopy open, wide

POSTERIOR SEGMENT

- Vitreous clear posterior detachment
- Optic disc: physiologic no change
- Retina:
- macula WNL drusen
- vessels WNL narrow
- periphery WNL lattice

ADDITIONAL EXAMINATION/TEST

DIAGRAM ABNORMAL FINDINGS OF NOTE



DIAGNOSTIC IMPRESSIONS

possible scleritis, less possibly thyroid eye disease (orbital pseudotumor / pseudotumor)  
doubt orbital cellulitis (if over)  
no exam evidence of orbital involvement (proptosis / restriction in EOM)  
nerves look sharp  
injection is deep

MANAGEMENT PLAN

Rec: ibuprofen PO qid PO TID, Reglan,  
flu in AM & copy of CT scan  
+ lab - will get orbital US on  
sallowrup Alany Mucicrease

SEVERITY

- minor
- self-limited
- low
- moderate
- urgent significant threat
- immediate significant threat

Time of discharge \_\_\_\_\_ Date 9/18/03

Final disposition and condition

- Discharged stable. Follow-up plan \_\_\_\_\_
- Transfer to \_\_\_\_\_
- Emergency admission to observe for \_\_\_\_\_
- Voluntary withdrawal from further evaluation and treatment
- Instructions given to patient

ANNE BATES LEACH EYE HOSPITAL  
BASCOM PALMER EYE INSTITUTE  
MIAMI, FLORIDA - PALM BEACH GARDENS, FLORIDA

EMERGENCY OCULAR EVALUATION

Stock No. 9188



Rev. 1/03  
MOORE  
Page 2 of 2

NAME: \_\_\_\_\_

MRN: \_\_\_\_\_

AGE: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

DATE OF SERVICE: \_\_\_\_/\_\_\_\_/\_\_\_\_

# Homestead Hospital

EMERGENCY DEPARTMENT  
QUALITY TRACKING FORM

11972320 09/08/03  
#7 MENDES, JOSEPH  
M - 55 YRS MR 379081  
DR SALAZAR, DENNIS E  
DOB 04/26/1938 STS E

## PRELIMINARY RADIOLOGY FORM

IMAGING EXAM(S) ORDERED

CT brain / sinus plain

SPECIFIC INDICATION FOR EXAM(S)

headache

DATE OF INJURY (IF APPLICABLE)

TT82

SPECIFIC SITE OF INJURY

(E.G. THE SITE IN THE FOOT OR HAND, THE LEVEL OF THE RIB INJURY, ETC)

ORDERING INDIVIDUAL AND HIS/HER EXTENSION

James

THE ABOVE ITEMS MUST ALL BE COMPLETED OR THE REQUEST WILL BE RETURNED

ED PHYSICIAN INTERPRETATION

Please Write Clearly

☐ NEGATIVE

ED PHYSICIAN SIGNATURE

RADIOLOGIST INTERPRETATION

Please Write Clearly

☐ NEGATIVE

☐ AGREE

☐ DISAGREE

Prominent 50m's + optic nerves, standing ocular fat -  
? pseudotumor - cannot rule out thyroid eye disease.  
key brain

RADIOLOGIST SIGNATURE

B

\*\*\* NOT A CHART FORM \*\*\*

Dr. Travis

# MEDEYE ASSOCIATES EXAMINATION SHEET

☐ NEW ☐ ESTABLISHED ☐ SFU ☐ EMERG
DOCTOR: ZCHART # 276086NAME: Joseph MendesAGE: 65AUTH. # 515229 #2/2/8/8EXAM DATE: 5/8/03

LAST VISUAL EXAM DATE:

CURRENT CHIEF COMPLAINT: swelling pain around RE**K**

EYE PROBLEM(S) &amp; INTERVAL EYE HISTORY FOR EACH PROBLEM:

2-3 days ago in Homestead ER - med  
MA better today had CT scan

**V** SC OD 20/25 PH 20/  
A CC OS 20/40 PH 20/

**N** SC ODJ  
CC OSJ

**M** OD  
OS

CL

CL

MEDS USED:

EXT WNL

**P**

EOM: FULL

**T**TIME 2:00UPILS: NI ☒ MG? Y N

CVF

OFFICE MDS: OD/OS/OU

TIME:

LCAINE MYD .5% MYD 1%

CYC 1% NEO 2.5% NEO 10%

L: LLL / PTOSIS / ORBIT / NODES NL ABNL  
Conj / bulbar NL ABNL

CORNEA: CLEAR

nt Cham depth / cells / flare NL ABLNL

NGLES: OPEN NARROW CLOSED

is NL ABNL

ENS: CLEAR PCL ACL

NS CORT. PSC

OST CAP: CLEAR CLOUDY OPEN

ITREOUS: CLEAR FLOATERS PVD 500 more per

UNDUS EXAM: DIRECT INDIRECT C.L.

ISC: C/D

ACULA: WNL

ESSELS: WNL

ERIPHERY: WNL

INIT

DATE

PLAN OF TREATMENT:

est results: Visual Fields

Fluoro

Valtrex 1 gram TIDHYPOPTIC G.D.2 HSV KeratitisRTX Thursday

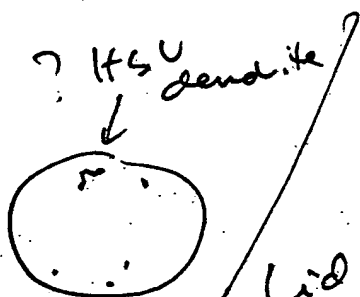
AGNOSIS:

RX: OD

OS

PropionidErythromycinDredendine500 TID10 Turner

R. SIGNATURE

NEXT APPT: 60 today ☐ SUNSET☐ DEERING☐ HOMESTEAD

SPK

Lid everted  
1+ GPCLabsic Flap  
Rx 10C  
PCO traceSPK 2° schiotz  
@ Homestead

**This Page is Inserted by IFW Indexing and Scanning  
Operations and is not part of the Official Record**

**BEST AVAILABLE IMAGES**

Defective images within this document are accurate representations of the original documents submitted by the applicant.

Defects in the images include but are not limited to the items checked:

- ☐ **BLACK BORDERS**
- ☒ **IMAGE CUT OFF AT TOP, BOTTOM OR SIDES**
- ☒ **FADED TEXT OR DRAWING**
- ☐ **BLURRED OR ILLEGIBLE TEXT OR DRAWING**
- ☐ **SKEWED/SLANTED IMAGES**
- ☐ **COLOR OR BLACK AND WHITE PHOTOGRAPHS**
- ☐ **GRAY SCALE DOCUMENTS**
- ☒ **LINES OR MARKS ON ORIGINAL DOCUMENT**
- ☒ **REFERENCE(S) OR EXHIBIT(S) SUBMITTED ARE POOR QUALITY**
- ☐ **OTHER:**

**IMAGES ARE BEST AVAILABLE COPY.**

**As rescanning these documents will not correct the image problems checked, please do not report these problems to the IFW Image Problem Mailbox.**